

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	7527 6 <sup>th</sup> Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
2. <i>[Signature]</i>	7822 6 <sup>th</sup> Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-12-11
3. <i>[Signature]</i>	5409 8 <sup>th</sup> St Kenosha WI 53142	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-12-11
4. <i>[Signature]</i>	8317 Westridge Drive PLEASANT PRAIRIE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/12/11
5. <i>[Signature]</i>	10041 50 <sup>th</sup> Court PLEASANT PRAIRIE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/12/11
6. <i>[Signature]</i>	3007 85 <sup>th</sup> St. #2 Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/12-11
7. <i>[Signature]</i>	7014 43 <sup>rd</sup> Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
8. <i>[Signature]</i>	5212 Court Lwl #1 Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
9. <i>[Signature]</i>	10850 34 <sup>th</sup> Ave Pleasant Prairie 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3/12/11
10. <i>[Signature]</i>	8905 24 <sup>th</sup> Ave Pleasant Prairie 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City PLEASANT PRAIRIE	3/12/11

## Certification of Circulator

I, Chad Gies, certify:

I reside at 4800 4th Street  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-13-11  
(date)

*[Signature]*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

901

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

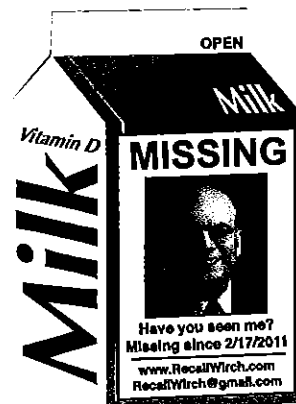
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(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Rundel Falt</u>	<u>Ronald Feichter</u> <u>3404-13<sup>th</sup> ST Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/2011</u>
2. <u>William J. Mauer</u>	<u>TIMMY FEICHTER</u> <u>3404-13<sup>th</sup> ST Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/2011</u>
3. <u>Maria Bixey</u>	<u>451 Sheridan Rd</u> <u>Racine, WI 53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Somers</u>	<u>3/1/2011</u>
4. <u>Kathryn Egan</u>	<u>518 9<sup>th</sup> Place</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/1/11</u>
5. <u>John Egan</u>	<u>518 9<sup>th</sup> Place</u> <u>Somers, Kenosha</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/1/11</u>
6. <u>Chad B. Broy</u>	<u>451 Sheridan Rd</u> <u>Racine, WI 53403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/1/11</u>
7. <u>Chad B. Broy</u>	<u>7421-23<sup>rd</sup> AVE</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>3/9/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, WILLIAM J. MAUER, III, certify:  
(name of circulator)

I reside at 7408-23<sup>rd</sup> AVE KENOSHA WI 53143  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3.12.11

(date)

(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

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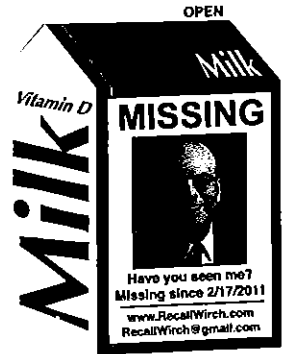
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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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1. <u>Virginia A. McCreary</u>	<u>2345 ANNA AVENUE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3/3/11</u>
2. <u>Sue [Signature]</u>	<u>3003 PARK LN</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3/3/11</u>
3. <u>Erin [Signature]</u>	<u>1535 S. Linner</u> <u>by Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes WI</u>	<u>3-3-11</u>
4. <u>[Signature]</u>	<u>N1341 Clover Rd</u> <u>Genoa City, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Genoa City</u>	<u>3/5/11</u>
5. <u>[Signature]</u>	<u>1519 MUSICAL RD</u> <u>TWIN LAKES WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3/5/11</u>
6. <u>[Signature]</u>	<u>1606 SUNSET DR</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3/5/11</u>
7. <u>[Signature]</u>	<u>1809 Esch Rd</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3/5/11</u>
8. <u>Jackie M. Schmidt</u>	<u>1809 Esch Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-5-11</u>
9. <u>[Signature]</u>	<u>11400 Sunset Dr</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-5-11</u>
10. <u>[Signature]</u>	<u>1404 Second St</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-5-11</u>

## Certification of Circulator

I, Les SKINNER, certify:

(name of circulator)

I reside at 1250 Lance Drive Twin Lakes WI 53181

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-9-11  
(date)

Les Skinner  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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1. <u>Sharon Bower</u>	<u>1608 SUNSET DR</u> <u>TWIN LAKES, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3/8/2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Sandra J. Smith, certify:  
(name of circulator)

I reside at 1319 Lance Dr. Twin Lakes, Wisconsin 53181  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/11/11  
(date)

Sandra J. Smith  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 904

# RECALL PETITION

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(jurisdiction or district of officeholder)

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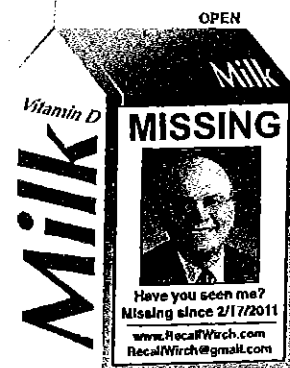
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1. <u>[Signature]</u>	<u>3219-14 PL</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-5-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jean A. FORTAIS JR, certify:

(name of circulator)

I reside at 3219-14 PL Kenosha WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to: Recall Wirch

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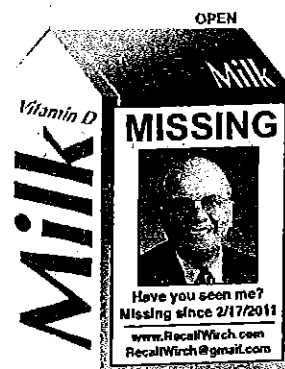
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1. <u>Billy H. Cameron</u>	<u>1833 - 17<sup>th</sup> AVE</u> <u>KENOSHA, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-5-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, BILLY H. CAMERON Billy Cameron, certify:

(name of circulator)

I reside at 1833 - 17<sup>th</sup> AVE, KENOSHA, WI 53140

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-11-11  
(date)

Billy Cameron  
(signature of circulator)

Please mail this form to:

Recall Wirch

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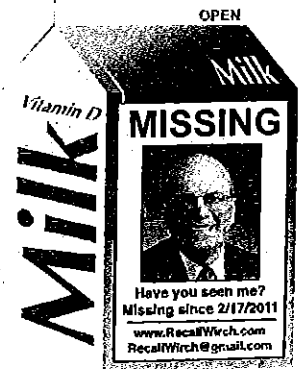
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1. <u>Pamela Studrawa</u>	<u>1421 24th St.</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.5.11</u>
2. <u>Made Statton</u>	<u>1421 24th Street</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-6-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Pamela Studrawa, certify:  
(name of circulator)

I reside at 1421 - 24th St.  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3.12.11  
(date)

Pamela Studrawa  
(signature of circulator)

Please mail this form to:

Recall Wirch

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## STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Douglas Fellon</u>	<u>22310-118<sup>th</sup> Street</u> <u>Bristol WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>2/28/2011</u>
2. <u>Georgia Kambrian</u>	<u>3511 86<sup>th</sup> St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/1/2011</u>
3. <u>Dave Klein</u>	<u>7733 7<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/4/2011</u>
4. <u>[Signature]</u>	<u>4031 11<sup>th</sup> Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/4/2011</u>
5. <u>Andrew Bo</u>	<u>5315 70<sup>th</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Robert J. Brown, certify:  
(name of circulator)

I reside at 5315 70<sup>th</sup> St. Kenosha  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/11/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

908

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

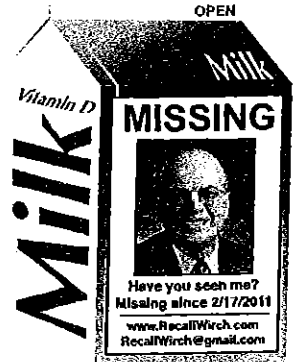
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kevin Pielu</u>	<u>927-114 St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/2011</u>
2. <u>Lori Pielu</u>	<u>927 114th St.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/12/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kevin Pielu **Certification of Circulator**

(name of circulator)

, certify:

I reside at 927-114 St Pleasant Prairie, WI 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/2011  
(date)

Kevin Pielu  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

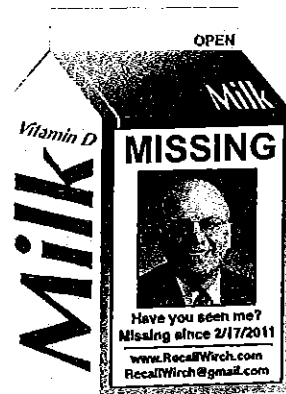
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Shirley M Datzner-Fell	572 E State St. Burlington WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/5/11
2. Darrell W Fell	572 E State St. Burlington, WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/5/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Shirley M Datzner-Fell, certify:

(name of circulator)

I reside at 572 E State St. - Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-11-11  
(date)

Shirley Datzner-Fell  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

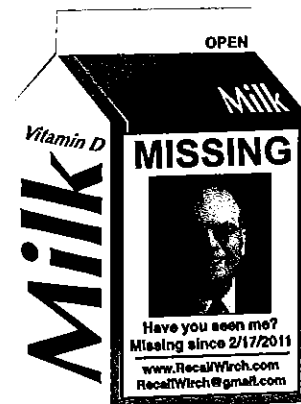
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Donald Moenssen</u>	<u>5105-18<sup>th</sup> St.</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>2/28/11</u>
2. <u>Mark Shih</u>	<u>7940 30<sup>th</sup> Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
3. <u>Laura Delish</u>	<u>7940 30<sup>th</sup> Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
4. <u>Hedvig Arzuff</u>	<u>3632-23<sup>rd</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
5. <u>Christine Ellis</u>	<u>4925 18<sup>th</sup> St.</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/11/11</u>
6. <u>Terry Maack</u>	<u>950 Green Bay Rd</u> <u>Kenosha</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-11-11</u>
7. <u>Lee Maack</u>	<u>950 Green Bay Rd</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-11-11</u>
8. <u>Kathy Lehl</u>	<u>5337 43<sup>rd</sup> St.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
9. <u>Gerdy Fleming</u>	<u>1803 20<sup>th</sup> Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
10. <u>Vince Gedgaudas</u>	<u>4609 - Wilson Rd.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>

## Certification of Circulator

I, Rosemary Moenssen, certify:  
(name of circulator)

I reside at 5105-18<sup>th</sup> St Kenosha WI  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Rosemary Moenssen  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

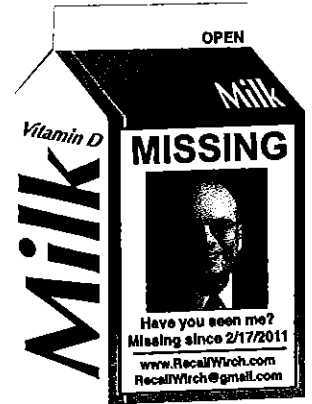
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>11303 3<sup>rd</sup> Ave.</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/8/11</u>
2. <u>[Signature]</u>	<u>2724 17<sup>th</sup> Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/9/11</u>
3. <u>[Signature]</u>	<u>7715 12<sup>th</sup> Street</u> <u>Somers WI 53171</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/11/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Crystal Lyons (name of circulator), certify:

I reside at 7715 - 12<sup>th</sup> Street Somers, WI 53171  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/11/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

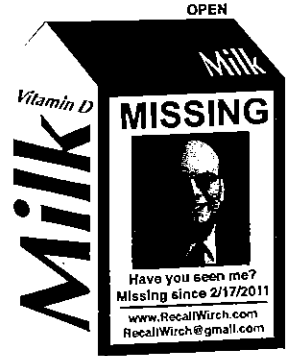
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Patricia Abrahamson</u>	<u>4038-6<sup>th</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
2. <u>Ronald Abrahamson</u>	<u>4038-6<sup>th</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
3. <u>Tim Rice</u>	<u>1707-74<sup>th</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/6/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Patricia Abrahamson, certify:

I reside at 4038-6<sup>th</sup> Ave Kenosha, WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/2011  
(date)

Patricia Abrahamson  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

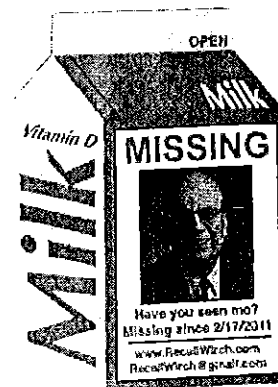
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>4511 Harding Rd</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/5/11</u>
2. <u>[Signature]</u>	<u>4040 Washington Rd</u> <u>Kenosha WI, 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/7/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Lance R. Roser, certify:

(name of circulator)

I reside at 4329 30<sup>th</sup> street Kenosha WI 53144  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/11/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 914

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Mr. Lutz</u>	<u>156 DUANE ST</u> <u>BURLINGTON, WI 53106</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/3/11</u>
2. <u>John Smith</u>	<u>7117 Hagshaw Ln.</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/3/11</u>
3. <u>George Kuebler</u>	<u>352 PICKETT CRT</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-3-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, JOSEPH MAJEWSKI, certify:  
(name of circulator)

I reside at 2705 BIRCHMAN RD BURLINGTON WI 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/10/2011

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 915

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Vill	DATE OF SIGNING
1. Kayla Threlkeld	1410 30th Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	Feb. 27, 2011
2. Nic Purtee	6610 30th Ave Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSH</u>	Feb. 27 2011
3. [Signature]	23500 11th St Jewett, WI 53119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FREDERICK SALEM</u>	2-27-11
4. [Signature]	56 S 2nd St Kenosha, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BRISTOL</u>	2-27-11
5. [Signature]	1808-82nd St Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	3/2/11
6. [Signature]	1180 White Beach Ct Twin Lakes WI 53181	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	3-2-11
7. Nicoleta Purtee	8205-235th Ave Kenosha, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	3-2-11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, MICHAEL PURTEE, certify:

(name of circulator)

I reside at 8205-235th Ave SALEM, WI 53168

(residence - include number, street, and municipality)

I personally  
distributed  
opposed to  
§.12.13(3)(a), Wis. Stats.

Michael J Purtee  
8205 235th Ave  
Salem WI 53168-9414

I obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or  
I know that each person signed the paper with full knowledge of its content on the date indicated  
I support this recall petition. I am aware that falsifying this certification is punishable under

3/8/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

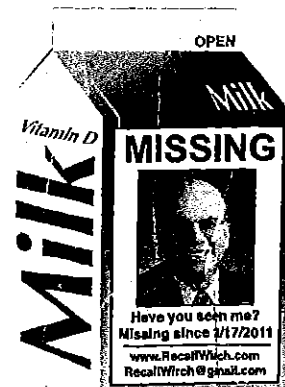
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Darin Hull</u> <u>Darin Hull</u>	<u>23705 112th Street</u> <u>Trevor, WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-10-11</u>
2. <u>Kathleen Hull</u> <u>Kathleen Hull</u>	<u>23705 112th St.</u> <u>Trevor, WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-11-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Kathleen Hull

(name of circulator)

, certify:

I reside at 23705 - 112th Street, Trevor, WI 53179 Township of Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-11-11  
(date)

Kathleen Hull  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 917

# RECALL PETITION

TO: Wisconsin Government Accountability Board  
(official with whom nomination papers or declaration of candidacy for the office is filed)

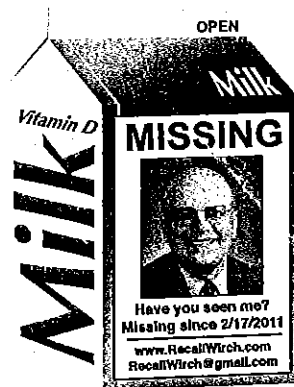
We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)  
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	<u>109 EVERGREEN LN</u> <u>TWIN LAKES WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3/9/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Heather M. Goodwin **Certification of Circulator**, certify:  
(name of circulator)  
I reside at 1861 Sunset Dr, Twin Lakes WI 53181  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/9/11  
(date)

(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

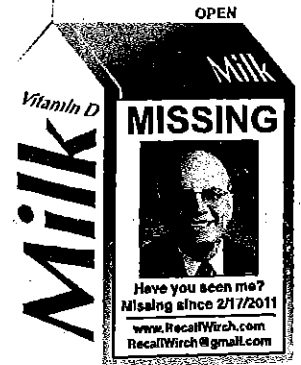
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Sandra J. Schmidt</u> <i>Sandra J. Schmidt</i>	<u>26029 100<sup>th</sup> St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/13/11</u>
2. <u>Henry Schmidt</u> <i>Henry Schmidt</i>	<u>26029 100<sup>th</sup> St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/13/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Sandra J. Schmidt, certify:  
(name of circulator)

I reside at 26029 100<sup>th</sup> St - Salem  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/13/11  
(date)

Sandra J. Schmidt  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

919

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

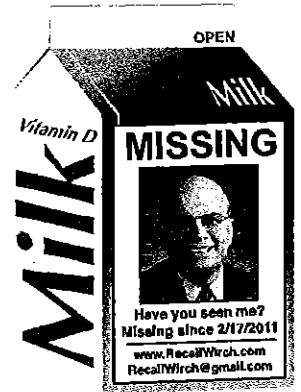
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>9429 - 72nd St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/13/2011</u>
2. <u>[Signature]</u>	<u>9429 - 72nd St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/13/2011</u>
3. <u>[Signature]</u>	<u>9429 72nd St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/13/2011</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, GRZEGORZ KRYCA, certify:

(name of circulator)

I reside at 9429 - 72ND ST KENOSHA, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03/13/2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

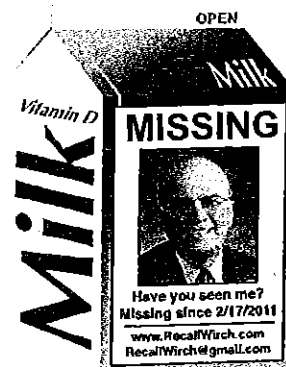
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Roggy O'Connell</u>	<u>8755-385<sup>th</sup> Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Randall</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
2. <u>Roni O'Connell</u>	<u>8755-385<sup>th</sup> Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Randall</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
3. <u>Jim O'Connell</u>	<u>8755-385<sup>th</sup> Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Randall</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Robert Hebern **Certification of Circulator**, certify:  
(name of circulator)  
I reside at 400 Cardinal Circle, Apt 3, Burlington, WI 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

Robert Hebern  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

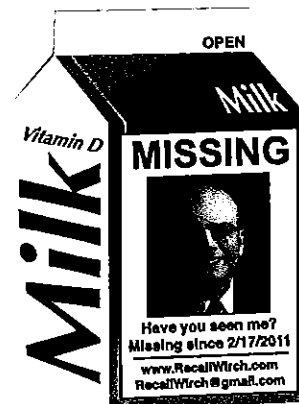
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joan Birkholz	297 Indian Bend Rd Burlington WI 53105	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	2/26/11
2. [Signature]	297 Indian Bend Rd Burlington, WI 53105	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	2/26/11
3. [Signature]	20505-83 <sup>rd</sup> Place Bristol, WI 53104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bristol	3/10/11
4. [Signature]	6014 248th St Paddock Lake, WI 53106	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paddock Lake	3/10/11
5. [Signature]	910 East Oak St Silver Lake WI 53170	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Silver Lake	3/10/11
6. Paul W. Deason	1233 TERELINE CT Burlington, WI 53105	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	3-11-11
7. Henry Flecik	21925 Schroeder Rd Kansasville WI 53139	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brighton	3-11-11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Henry FLECİK, certify:  
(name of circulator)

I reside at 21925 Schroeder Rd. Kansasville WI 53139 Brighton  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to: Recall-Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

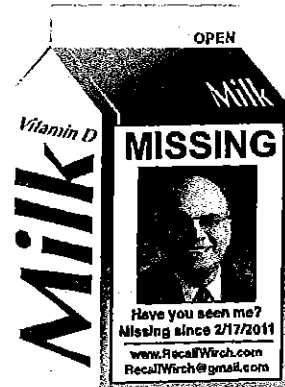
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Rebecca Messner</u>	<u>24927 113<sup>th</sup> Street</u> <u>Treviso WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/8/11</u>
2. <u>Rebecca Messner</u>	<u>24927 113<sup>th</sup> Street</u> <u>Treviso WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/8/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Rebecca Messner, certify:

(name of circulator)

I reside at 24927 113<sup>th</sup> Street Treviso WI Salem Township

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 8, 2011  
(date)

Rebecca Messner  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

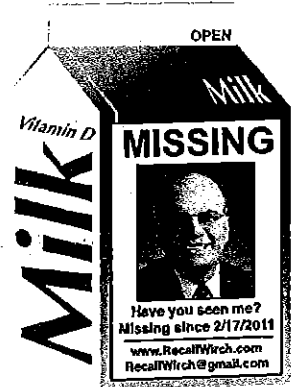
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>August H. Anderson</u>	<u>27206 101st St</u> <u>TREVOR, WI 53179</u>	<input checked="" type="checkbox"/> Town <u>SALEM</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-14-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, August H. Anderson JANET H. ANDERSON, certify:

(name of circulator)

I reside at 27206 101st STREET, TREVOR, WI 53179-9602 SALEM

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-14-11  
(date)

August H. Anderson  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

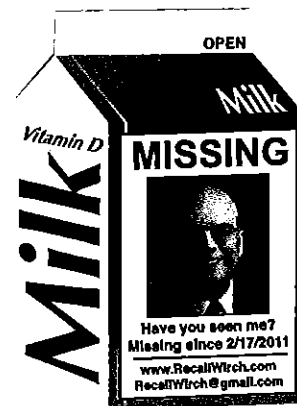
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>3548 17<sup>th</sup> Ave.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
2. <u>Jean Sorensen</u>	<u>3548 - 17<sup>th</sup> Ave.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/10/11</u>
3. <u>[Signature]</u>	<u>3548 17<sup>th</sup> AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/10/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jean Sorensen, certify:

I reside at 3548 - 17<sup>th</sup> Ave., Kenosha  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/11/11

(signature of circulator)

Jean M. Sorensen

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 925

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Cynthia Dimitrijevic</u>	<u>5106 Harrison Rd</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <u>Pl. Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/1/11</u>
2. <u>[Signature]</u>	<u>7400 34th Avenue</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/1/11</u>
3. <u>Vade Dimitrijevic</u>	<u>5106 Harrison Rd</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-1-11</u>
4. <u>Tony [Signature]</u>	<u>7400 34th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-1-11</u>
5. <u>Carolyn Vassar</u>	<u>5109 Harrison Rd</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha Pl. Prairie</u>	<u>3-1-11</u>
6. <u>Amy [Signature]</u>	<u>5109 Harrison Rd</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha Pl. Prairie</u>	<u>3-1-11</u>
7. <u>ANDREW VASSAR</u>	<u>5109 HARRISON RD</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PL PRAIRIE</u>	<u>3-1-11</u>
8. <u>Daniel Matteucci</u>	<u>3404-88 Place</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
9. <u>[Signature]</u>	<u>1903-87 Pl</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
10. <u>[Signature]</u>	<u>1903-87 Pl</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>

## Certification of Circulator

I, Cindy Dimitrijevic, certify:  
(name of circulator)

I reside at 5106 Harrison Rd Kenosha WI 53142  
(circulator's residence - include number, street, and municipality) Village of Pl. Prairie

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3-14-11

(signature of circulator)

Cynthia A. Dimitrijevic

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No 926

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Brian Jones</u>	<u>1923 87<sup>th</sup> PL</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
2. <u>[Signature]</u>	<u>5105 18<sup>th</sup> Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/3/11</u>
3. <u>Tamara Jones Schroeder</u>	<u>2100 74<sup>th</sup> Street</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/3/11</u>
4. <u>Roger L. Jarvis</u>	<u>4701 - 89<sup>th</sup> Street</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/7/11</u>
5. <u>Xaren Mattiace</u>	<u>3404 88<sup>th</sup> PL</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/7/11</u>
6. <u>Dorothy Fredup</u>	<u>5219 - 65<sup>th</sup> Place</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
7. <u>Roxane Gonzalez</u>	<u>8105 4<sup>th</sup> Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.10.11</u>
8. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <u>Kathryn Nelson</u>	<u>5200 - 84<sup>th</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Cindy Dimitijevic, certify:

(name of circulator)

I reside at 5106 Hansen Rd Kenosha WI 53142  
(circulator's residence - include number, street, and municipality) (Village of Pl. Prairie)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-14-11  
(date)

Cynthia A. Dimitijevic  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

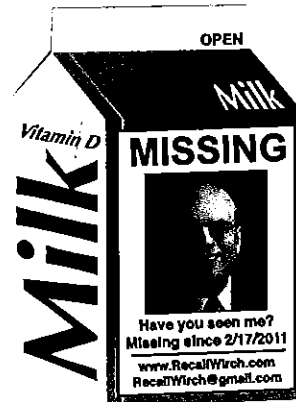
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>M. Daniel</u> <u>Szeferanski</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2. <u>M. Daniel</u> <u>Szeferanski</u>	<u>6568 5<sup>th</sup> AVE # 3</u> <u>Kenosha, WI. 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/1/11</u>
3. <u>Matt Daniel</u>	<u>6551 5<sup>th</sup> AVE</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3.1.11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Mary F. Daniel MARY F. DANIEL, certify:

(name of circulator)

I reside at 12309 85<sup>th</sup> Ave Pleasant Prairie, WI 53158 VILLAGE OF PLEASANT PRAIRIE  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/1/2011

(signature of circulator)

Mary F. Daniel

Please mail this form to: Recall-Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

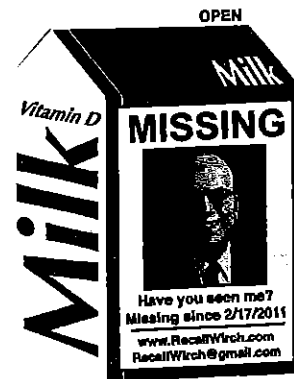
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Karen P. Falkenstein</u>	<u>5315-18<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
2. <u>Jonathan Gamin</u>	<u>1815 34<sup>th</sup> St</u> <u>KENOSHA WI 53140</u>	<input checked="" type="checkbox"/> Town <u>KENOSHA</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
3. <u>Michelle Schonscheck</u>	<u>2207 Sheridan Rd</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/4/11</u>
4. <u>[Signature]</u>	<u>969 Wood Rd. Apt. 208</u> <u>Kenosha, WI 53141</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>03/04/11</u>
5. <u>Don Man</u>	<u>3119-55<sup>th</sup> Ct. #42</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/6/11</u>
6. <u>Euse Moran</u>	<u>7823-39<sup>th</sup> Ave.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-6-11</u>
7. <u>Paul [Signature]</u>	<u>12345 85<sup>th</sup> Ave</u> <u>Pleasant Grove WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Grove</u> <input type="checkbox"/> City	<u>3-6-11</u>
8. <u>Richard W. [Signature]</u>	<u>5810-39<sup>th</sup> Ave</u> <u>KENOSHA WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-10-11</u>
9. <u>Glenn [Signature]</u>	<u>7823 39 Ave.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
10. <u>Patrick C. Moran</u>	<u>7823 39<sup>th</sup> Ave</u> <u>KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>

## Certification of Circulator

I, J. Anever Moran, certify:  
(name of circulator)

I reside at 7823 39<sup>th</sup> Ave, Kenosha, Wisconsin  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

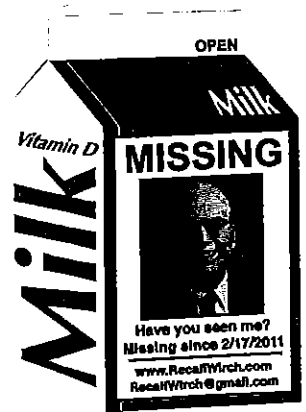
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Katherine H. Raman</u>	<u>10626 67<sup>th</sup> PL</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
2. <u>Cheryl Raman</u>	<u>10626 67<sup>th</sup> PL</u> <u>KENOSHA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/09/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, J. Ancer Moran, certify:

(name of circulator)

I reside at 7823 39<sup>th</sup> Ave, Kenosha, Wisconsin  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3/12/11  
(date)

J. Ancer Moran  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

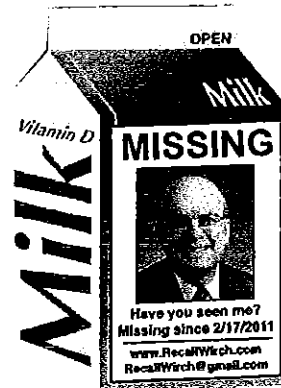
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Larry D. Johnson</u>	<u>PO Box 160</u> <u>11206 FOX RIVER RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3/10/11</u>
2. <u>[Signature]</u>	<u>PO Box 231</u> <u>11330 308<sup>TH</sup> AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3/10/11</u>
3. <u>[Signature]</u>	<u>PO Box 231</u> <u>11330 308<sup>TH</sup> AVE.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-10-11</u>
4. <u>Cory Hean</u>	<u>1612 Musial Rd</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-11-11</u>
5. <u>Carey H.</u>	<u>1612 Musial Rd</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-11-11</u>
6. <u>Sharon Lepito</u>	<u>11828 333<sup>rd</sup> Ave</u> <u>Twin Lakes, WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u>	<u>3-12-11</u>
7. <u>W. J. St.</u>	<u>11828 333<sup>rd</sup> Ave</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL</u>	<u>3-12-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Christine Johnson, certify:  
(name of circulator)

I reside at 11206 Fox River Road Wilmot WI. Salem  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Christine Johnson  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 931

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

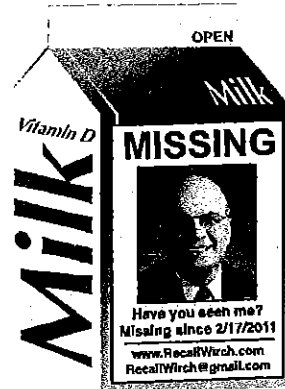
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Deanna Zovar Deanna Zovar	28414 69 <sup>th</sup> Pl Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/16/11
2. SCOTT ZOVAR Scott Zovar	28414 69 <sup>th</sup> Pl Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/16/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Deanna Zovar **Certification of Circulator**

certify:

I reside at 28414 69<sup>th</sup> Place Salem WI 53168  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-16-11  
(date)

Deanna Zovar  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

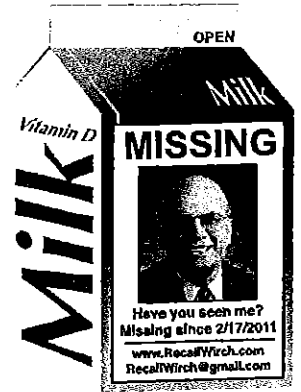
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Tyrene D. Wright</u>	<u>9300 67<sup>th</sup> St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>13 Mar 11</u>
2. <u>Debra J. Wagner</u>	<u>9300 67<sup>th</sup> St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>13 MAR 2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Debra J. Wagner, certify:

I reside at 9300 67<sup>th</sup> St. Kenosha WI 53142  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

13 MAR 2011  
(date)

Debra J. Wagner  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

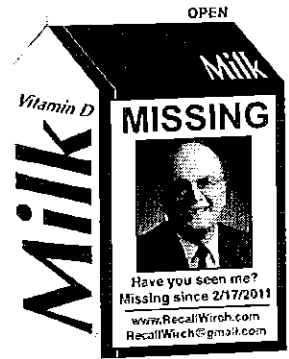
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Thomas M. Dennis</u>	<u>12104 219<sup>th</sup> AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>SALEM WI</u> <input type="checkbox"/> City	<u>3-4-11</u>
2. <u>John M. Bredican</u>	<u>12105 219<sup>th</sup> Ave.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem WI.</u> <input type="checkbox"/> City	<u>3-4-11</u>
<u>Theresa J. Bredican</u>	<u>12105 219<sup>th</sup> Ave.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem, WI</u> <input type="checkbox"/> City	<u>3-4-11</u>
<u>Marianne Dennis</u>	<u>12104 219<sup>th</sup> Ave.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem, WI.</u> <input type="checkbox"/> City	<u>3-4-11</u>
5. <u>Paula J. Jankowski</u>	<u>21818 121<sup>st</sup> Place</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem WI</u> <input type="checkbox"/> City	<u>3-5-11</u>
6. <u>[Signature]</u>	<u>21818 121<sup>st</sup></u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>SALEM WI</u> <input type="checkbox"/> City	<u>3-6-11</u>
7. <u>[Signature]</u>	<u>21818 121<sup>st</sup></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem WI</u> <input type="checkbox"/> City	<u>3-6-11</u>
8. <u>Stanley Potoczny</u>	<u>21808 121<sup>st</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem WI</u> <input type="checkbox"/> City	<u>3-7-11</u>
9. <u>Lynette Nash</u>	<u>21922 121<sup>st</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem WI</u> <input type="checkbox"/> City	<u>3-10-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Thomas M. Dennis Certification of Circulator, certify:  
(name of circulator)  
I reside at 12104 219<sup>th</sup> AVE BRISTOL WI 53104  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition and am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-14-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 934

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Anthony J. Demarco</u>	<u>2501 S. BROWN'S LAKE DR</u> <u>Burlington 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>MAR 11, '11</u>
2. <u>Carol Ann Demarco</u>	<u>2501 S. BROWN'S LAKE DR</u> <u>Burlington W.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>MAR 11, '11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, ANTHONY J. DEMARCO, certify:  
(name of circulator)

I reside at 2501 S. BROWN'S LAKE DR, BURLINGTON  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

MARCH 11 2011  
(date)

Anthony J. Demarco  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board  
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jacqueline Monson</u>	<u>27031 98<sup>th</sup> St. Trevor, WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TREVOR SALEM</u>	<u>3/10/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jacqueline Monson, certify:

I reside at 27031 98<sup>th</sup> St., Trevor, WI. 53179 SALEM  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/10/11  
(date)

Jacqueline Monson  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170  
www.RecallWirch.com • RecallWirch@gmail.com

936  
Page No. 9

# RECALL PETITION

To: Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

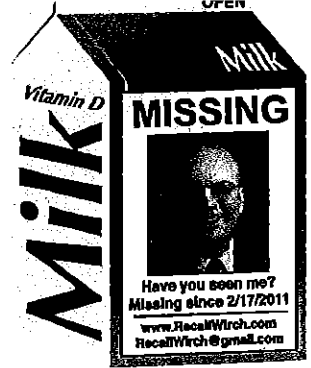
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kathleen M. Schmitt</u>	<u>7938-14 Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-28-11</u>
2. <u>Li Schmitt</u>	<u>4413 6<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-28-11</u>
3. <u>Anna Lypki</u>	<u>6039 49<sup>th</sup> Ave.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
4. <u>Anna Lypki</u>	<u>6039 49<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kathleen M. Schmitt, certify:  
(name of circulator)  
I reside at 7938-14 Ave Kenosha WI 53143  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

2-10-11  
(date)

Kathleen M. Schmitt  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Sarah L. Bridleman</u>	<u>10822 61<sup>st</sup> St. Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-10-11</u>
2. <u>Barbara H. Stephens</u>	<u>5500 70th Ct. Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-10-11</u>
3. <u>Christina A. Neely</u>	<u>10828 61<sup>st</sup> St. Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
4. <u>CLBL</u>	<u>10822 61<sup>st</sup> St KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Sarah L. Bridleman, certify:

I reside at 10822 61<sup>st</sup> St. Kenosha, WI 53142  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-13-11  
(date)

Sarah L. Bridleman  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 938

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

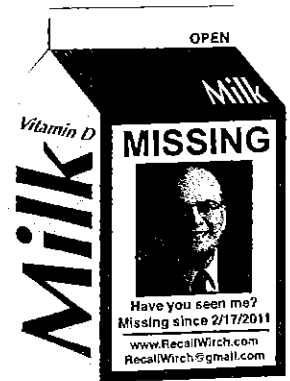
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Theodore E Jozefiak</u>	<u>12014 182nd Ave.</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <u>Bristol</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/10/11</u>
2. <u>Steve E Jozefiak</u>	<u>12014 182nd Ave</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <u>Bristol</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/10/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Theodore E. Jozefiak, certify:

I reside at 12014 182nd Ave. Bristol, WI 53104  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/10/11  
(date)

Theodore E Jozefiak  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

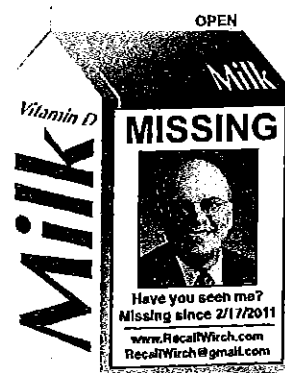
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Douglas J Tonyan</u>	<u>502 HERDA AVE</u> <u>TWIN LAKES WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-5-2011</u>
2. <u>Alice J Tonyan</u>	<u>502 Herda Ave</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-5-11</u>
3. <u>Matthew Zuhke</u>	<u>11818 Fox River Rd</u> <u>Wilmet WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem</u> <input type="checkbox"/> City	<u>3-13-11</u>
4. <u>Sammy Ream</u>	<u>305 W. Main St</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
5. <u>Carly D</u>	<u>305 W. Main St</u> <u>Twin Lakes, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
6. <u>Bob Jensen</u>	<u>136 Hillside Dr.</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
7. <u>Bruce Kaska</u>	<u>308 Mueller Ave</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
8. <u>Mark Ham</u>	<u>137 Hillside</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
9. <u>Chad Huns</u>	<u>201 Hillside Dr</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
10. <u>Scott Bl</u>	<u>302 W. Main Ave</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>

## Certification of Circulator

I, Tim Siewert, certify:

I reside at 133 Mueller Av Twin Lakes  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

13 Mar 11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

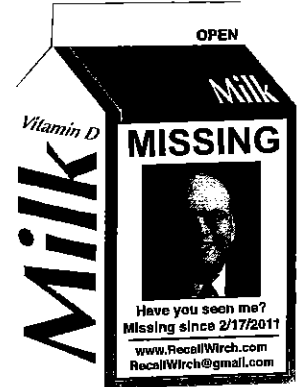
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>704 Kennedy Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>03/13/11</u>
2. <u>[Signature]</u>	<u>427 LINCOLN</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>3/13/11</u>
3. <u>[Signature]</u>	<u>216 S. Lake Ave.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3/13/11</u>
4. <u>[Signature]</u>	<u>716 Rink Ave</u> <u>Twin Lakes, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lake</u> <input type="checkbox"/> City	<u>3/13/11</u>
5. <u>[Signature]</u>	<u>716 Rink</u> <u>Twin Lakes, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lks.</u> <input type="checkbox"/> City	<u>3/13/11</u>
6. <u>[Signature]</u>	<u>440 WALDECK DR.</u> <u>TWIN LAKES</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>3-13-11</u>
7. <u>[Signature]</u>	<u>124 Richter Ct.</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
8. <u>[Signature]</u>	<u>124 Richter Ct</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
9. <u>[Signature]</u>	<u>305 W Main St</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
10. <u>[Signature]</u>	<u>218 Mueller</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>

## Certification of Circulator

I, Tim Siewert, certify:  
(name of circulator)

I reside at 133 Mueller Ave Twin Lakes  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

13 Mar 11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>549 Burlington Ave</u> <u>Twinlakes WI 53181</u>	<input type="checkbox"/> Town <u>Twinlakes</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-13-11</u>
2. <u>[Signature]</u>	<u>609 Burlington</u> <u>Twinlakes WI 53181</u>	<input type="checkbox"/> Town <u>Twinlakes</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-13-11</u>
3. <u>[Signature]</u>	<u>634 BURLINGTON AVE.</u> <u>53181</u>	<input type="checkbox"/> Town <u>Twinlakes</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/13/11</u>
4. <u>[Signature]</u>	<u>531 Herda Ave</u>	<input type="checkbox"/> Town <u>Twin Lakes</u> <input checked="" type="checkbox"/> Village <u>WI</u> <input type="checkbox"/> City	<u>3-13-11</u>
5. <u>[Signature]</u>	<u>644 Herda Ave.</u> <u>Twinlakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twinlakes WI</u> <input type="checkbox"/> City	<u>3-13-11</u>
6. <u>[Signature]</u>	<u>160 Chapel Ave</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twinlakes</u> <input type="checkbox"/> City	<u>3/13/11</u>
7. <u>[Signature]</u>	<u>635 Lake Ave</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twinlakes</u> <input type="checkbox"/> City	<u>3/13/11</u>
8. <u>[Signature]</u>	<u>410 Lincoln Dr.</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>3/13/11</u>
9. <u>[Signature]</u>	<u>702 Roosevelt Rd</u> <u>Twin Lakes</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TWIN LAKES</u> <input type="checkbox"/> City	<u>3/13/11</u>
10. <u>[Signature]</u>	<u>709 EISENHOWER CT</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3/13/11</u>

## Certification of Circulator

I, Tina Siewert, certify:

I reside at 133 Mueller Av Twin Lakes  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

13 Mar 11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 942

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

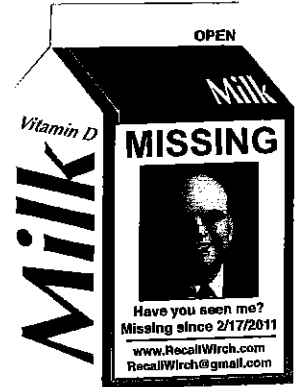
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Unc Helm</u>	<u>302 W. Hunt Ave</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
2. <u>Dan Bell</u>	<u>3002 Richmond Plk Dr</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
3. <u>Ron McGuffey</u>	<u>420 Burlington Ave</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
4. <u>Shirley Hunkeler</u>	<u>428 Burlington Ave</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
5. <u>W. W. Wierwille</u>	<u>428 Burlington Ave</u> <u>Twin Lakes WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
6. <u>John K. K...</u>	<u>502 Burlington</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-13-11</u>
7. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Tim Siewert **Certification of Circulator**, certify:

I reside at 133 Mueller Dr Twin Lakes  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

13 Mar 11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 943

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

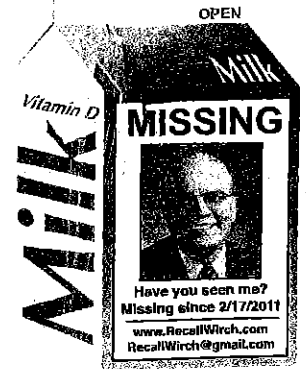
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Sara Gendel</u>	<u>12006 247<sup>th</sup> Ave</u> <u>Trevor, WI 53179</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/8/11</u>
2. <u>Shanne Oller</u>	<u>10828-269<sup>th</sup> Ave.</u> <u>Trevor, WI 53179</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
3. <u>Sarah Foster-Bell</u>	<u>24626 - 121<sup>st</sup> Pl</u> <u>TREVOR, WI 53179</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
4. <u>Cyril Lee</u>	<u>24626 121<sup>st</sup> Pl</u> <u>TREVOR, WI 53179</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jennifer K. Johnson, certify:

I reside at 23824 127<sup>th</sup> St. Trevor, WI Salem Township  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/11/11  
(date)

Jennifer K. Johnson  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

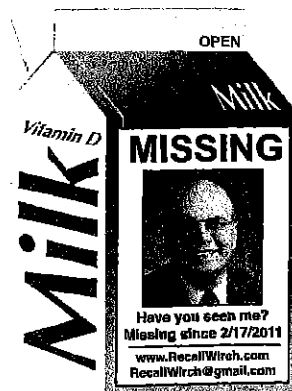
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Stacey L Seacord-Peters</u>	<u>8716 246<sup>th</sup> Ct Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Stacey L Seacord-Peters, certify:

(name of circulator)

I reside at 8716 246<sup>th</sup> Court, Salem WI 53168

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/14/11  
(date)

Stacey L Seacord-Peters  
(signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

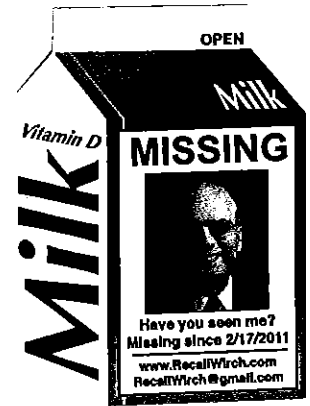
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Bm Odebe</u>	<u>35120 Chestnut St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
2. <u>John C. Jauer</u>	<u>31120 Karcher Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington, WI</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
3. <u>Bob G. Hef</u>	<u>425 STONEMAN CT</u>	<input type="checkbox"/> Town <u>Burlington, WI</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/11/11</u>
4. <u>Helen E. Schuch</u>	<u>764 Foxtrail Cir</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-11-11</u>
5. <u>Belk</u>	<u>8640 McHenry St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-11-11</u>
6. <u>Daniel Wilensky</u>	<u>832 CEDAR DR</u>	<input type="checkbox"/> Town <u>BURLINGTON</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-11-11</u>
7. <u>Bob G. Hef</u>	<u>356 Dyle Dr</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/11/11</u>
8. <u>Wanda M. Hef</u>	<u>21410 15<sup>th</sup> St</u>	<input checked="" type="checkbox"/> Town <u>PARIS</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
9. <u>Lash M. Hef</u>	<u>917 Appomattox Rd</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/11/11</u>
10. <u>Ron E. Hef</u>	<u>NS897 Hay RD</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/11/11</u>

## Certification of Circulator

I, Mark A. Starzyk, certify:  
(name of circulator)

I reside at 39405 Grand P. Powers Lake WI 53159 PO Box 156  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-11-11  
(date)

Mark A. Starzyk  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

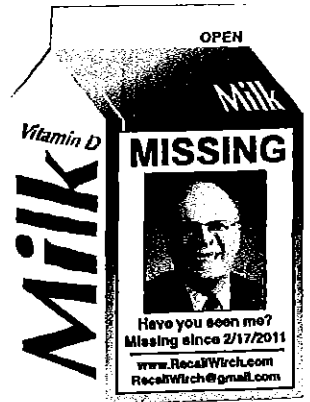
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sharon Cster	11735 223 <sup>rd</sup> Ave.	<input checked="" type="checkbox"/> Village Bristol, WI	3-9-11
2. Jack Ester	11735 223 <sup>rd</sup> Ave.	<input checked="" type="checkbox"/> Village Bristol, WI	3-9-11
3. Gary Nahr	525 Orchard ST Burlington WI 53105	<input checked="" type="checkbox"/> City Burlington	3/9/11
4. Bruce Francatt	110 Katie Drive Silver Lake, WI 53170	<input checked="" type="checkbox"/> Village Silver Lake	3/10/11
5. Jackson Kymair	1508 S. Pine ST Burlington WI 53105	<input checked="" type="checkbox"/> Town Burlington	3/12/11
Jennifer Voss	6924 286 <sup>th</sup> Ave Salem WI 53168	<input checked="" type="checkbox"/> Town Salem	3-12-11
7. Matt Pank	19108 101 <sup>st</sup> Street Bristol, WI 53101	<input checked="" type="checkbox"/> Village Bristol	3-12-11
8. [Signature]	12517 2 <sup>nd</sup> St Salem WI	<input checked="" type="checkbox"/> Town Salem	3/12/11
9. Kurt Skyrk	25124 8 <sup>th</sup> Ave Salem WI	<input checked="" type="checkbox"/> Town Salem	3/12/11
10. Marla Paul	19108-101 <sup>st</sup> Bristol WI	<input checked="" type="checkbox"/> Village Bristol	3-12-11

## Certification of Circulator

I, MARK A. STARZYK

(name of circulator)

certify:

I reside at 39405 92<sup>nd</sup> Pl Powers Lake WI 53159 PO Box 156

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3-12-11

(signature of circulator)

Mark Starzyk

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

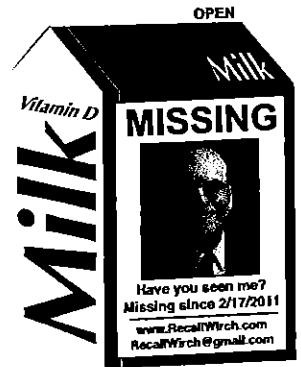
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kathleen Ferraro</u>	<u>1235 45 Ave</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/28/11</u>
2. <u>Gracie Ferraro</u>	<u>1235 45 Ave</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/28/11</u>
3. <u>Craig Ferraro</u>	<u>1235 45 Ave</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>2/28/11</u>
4. <u>Andrew Garcia</u>	<u>4230 27th ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/1/11</u>
5. <u>Andrea Genesi</u>	<u>7776 7th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/1/11</u>
6. <u>Walter Ambro</u>	<u>7303 2nd Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
7. <u>Alaine Phillips</u>	<u>5007 26th St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
8. <u>Sue Kaeppler</u>	<u>5907-81 St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
9. <u>[Signature]</u>	<u>11887 Lakeland Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/3/11</u>
10. <u>DEM Kean</u>	<u>11887 Lakeland Dr</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/3/11</u>

## Certification of Circulator

I, Kathleen FERRARO, certify:  
(name of circulator)

I reside at 1235 - 45 Ave Kenosha WI 53144 (Somers)  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/3/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Christopher McKen</u>	<u>11887 Lakeshore Dr</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
2. <u>Annie McKen</u>	<u>11887 Lakeshore Dr</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Kathleen Ferrara, certify:  
(name of circulator)  
I reside at 1235 W Ave Kenosha, WI (Somerset)  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(n), Wis. Stats.

(date) 3/3/11

(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

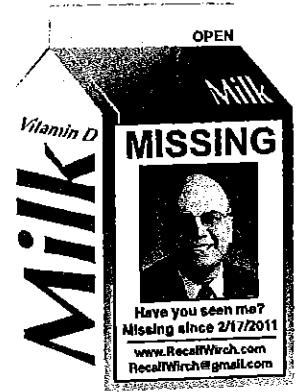
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>James E Brand</u>	<u>28450 7th ST</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
2. <u>Nancy M. Brand</u>	<u>28450 7th ST</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, James E Brand, certify:  
(name of circulator)

I reside at 28450 7th ST Burlington WI 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated site his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §(3)(a), Wis. Stats.

3/14/11  
(date)

James E Brand  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 950

The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.  
the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984  
Web: email: gab@wis.gov

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

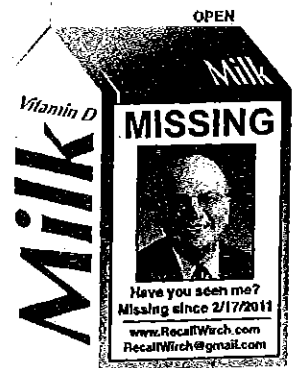
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dicky Buss</u>	<u>9015 Cooper Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/14/11</u>
2. <u>James E Buss</u>	<u>9015 Cooper Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/14/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, James E Buss, certify:

(name of circulator)

I reside at 9013 Cooper Rd Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

3/14/2011

(signature of circulator)

James E Buss

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

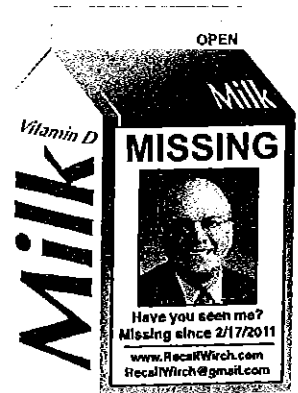
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Hardy J Evans</u>	<u>1033-115th STREET</u> <u>PLEASANT PRAIRIE, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3/5/2011</u>
2. <u>Margaret J. Hollis</u>	<u>1033 115th Street</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie WI</u> <input type="checkbox"/> City	<u>3/6/2011</u>
3. <u>Charles McCallister</u>	<u>2508 52nd St.</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/7/2011</u>
4. <u>Arlene M. Bunn</u>	<u>1033 115th Street</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/7/2011</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jerry M Evans, certify:

(name of circulator)

I reside at 1033 115th St. Pleasant Prairie WI 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-7-11  
(date)

Jerry M Evans  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Erin Smith</u>	<u>23320 80<sup>th</sup> Pl.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>2/26/11</u>
2. <u>Jessica Merrill</u>	<u>23320 80<sup>th</sup> Pl.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>2/26/11</u>
3. <u>Anna Kuhn</u>	<u>23206 81<sup>st</sup> Pl.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>2-26-11</u>
4. <u>Chris Renwick</u>	<u>2700 247<sup>th</sup> Ave Salem WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>2-26-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Chris Renwick, certify:

(name of circulator)

I reside at 23206 81<sup>st</sup> Pl. Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-10-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 953

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

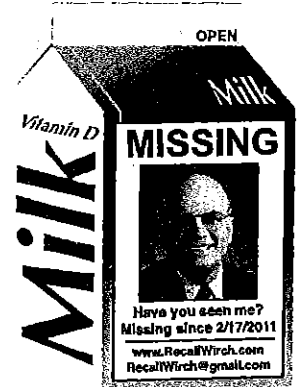
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Roy E. Beck</u>	<u>23400 89<sup>th</sup> Street</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/13/11</u>
2. <u>Dorothy D. Beck</u>	<u>23400 89<sup>th</sup> Street</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/13/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Roy E. Beck ROY E. BECK, certify:

(name of circulator)

I reside at 23400 89<sup>th</sup> Street, Salem, WI 53168 Town of Salem

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/13/11  
(date)

Roy E. Beck  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

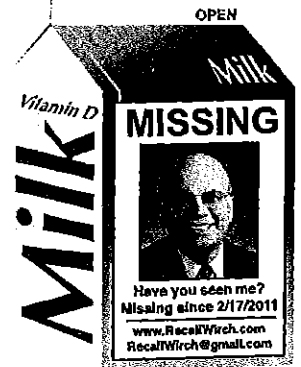
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Teresa Dillon</u>	<u>115 W. PARK ST.</u> <u>SILVER LAKE, WI 53170</u>	<input checked="" type="checkbox"/> Town <u>Silver Lake</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
2. <u>Brenda D. Fry</u>	<u>115 W. PARK ST.</u> <u>SILVER LAKE, WI 53170</u>	<input checked="" type="checkbox"/> Town <u>Silver Lake</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
3. <u>Kyle M. Dillon</u>	<u>115 W. PARK ST.</u> <u>SILVER LAKE, WI 53170</u>	<input checked="" type="checkbox"/> Town <u>Silver Lake</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
4. <u>Sara M. Dillon</u>	<u>115 W. PARK ST.</u> <u>SILVER LAKE, WI 53170</u>	<input checked="" type="checkbox"/> Town <u>Silver Lake</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
5. <u>Bradley E. Dillon</u>	<u>115 W. PARK ST.</u> <u>SILVER LAKE, WI 53170</u>	<input checked="" type="checkbox"/> Town <u>Silver Lake</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/14/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Bradley E. Dillon **Certification of Circulator** BRADLEY E. DILLON, certify:

I reside at 115 W. PARK ST SILVER LAKE, WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/14/11  
(date)

Bradley E. Dillon  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Michael W. Wimmer</u>	<u>11610 136<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3-7-11</u>
2. <u>Debra D. Waligona</u>	<u>18304-120<sup>th</sup> St.</u> <u>Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3-7-11</u>
3. <u>Carrie J. Ashley</u>	<u>9025 Lakeshore Dr</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3-7-11</u>
4. <u>Steven Steinke</u> <u>SALEM, WI</u>	<u>24206 8<sup>th</sup> STREET</u> <u>SALEM, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-7-11</u>
5. <u>Becky SurSA</u> <u>BRISTOL</u>	<u>20115-45<sup>th</sup> St</u> <u>BRISTOL WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>BRISTOL</u> <input type="checkbox"/> City	<u>3-7-11</u>
6. <u>Michael W. Wimmer</u>	<u>9025 Lakeshore Dr</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3-7-11</u>
7. <u>Daniel A. Capp</u>	<u>11608 136<sup>th</sup> Ave</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3-8-11</u>
8. <u>Phil K Capp</u>	<u>11608 136<sup>th</sup> Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3-8-11</u>
9. <u>Susan E. Wimmer</u>	<u>11610 136<sup>th</sup> Ave.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3/8/11</u>
10. <u>Michael W. Wimmer</u>	<u>11610 136<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3/12/11</u>

## Certification of Circulator

I, Michael W. Wimmer, certify:  
(name of circulator)

I reside at 11610 136<sup>th</sup> Ave, Village of Bristol  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Michael W. Wimmer  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

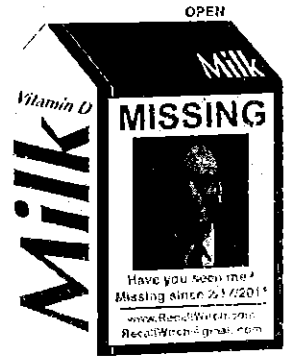
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Pete D Luhn</u>	<u>2523 508 80th PLACE</u> <u>SALEM, WI</u>	<input checked="" type="checkbox"/> Town <u>SALEM</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/8/2011</u>
2. <u>Joseph Cael</u>	<u>4445 123rd Street</u> <u>Pleasant Prairie WI</u>	<input type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>3/9/11</u>
3. <u>Brian Cael</u>	<u>4445 123rd Street</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>3/9/11</u>
4. <u>Maria Cael</u>	<u>4445-123 St.</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>3/9/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Michael W. Wimmer, certify:  
(name of circulator)

I reside at 11610 136th Ave, Village of Bristol  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Michael W. Wimmer  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

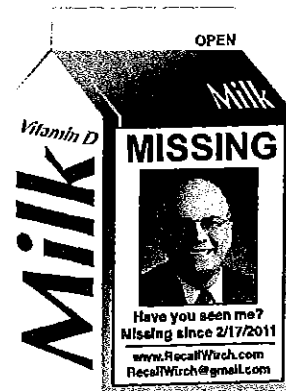
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
<u>[Signature]</u>	<u>4318 20th Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-13-11</u>
2. <u>[Signature]</u>	<u>7163 30th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-13-11</u>
3. <u>[Signature]</u>	<u>7100 30th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Riley Fulmer, certify:

(name of circulator)

I reside at 9163 42nd Court Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3-13-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

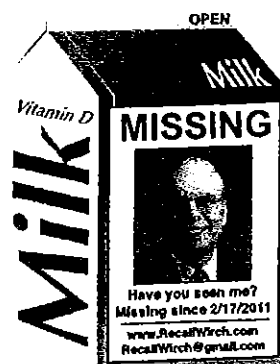
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Irene Page</u>	<u>8531 272nd Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
2. <u>James Hauri</u>	<u>27101 85th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Salem</u> <input type="checkbox"/> City	<u>3/15/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Cynthia D. Staffeldt, certify:  
(name of circulator)  
I reside at 8547 272nd Ave Salem, WI 53168  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-15-11  
(date)

Cynthia D. Staffeldt  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

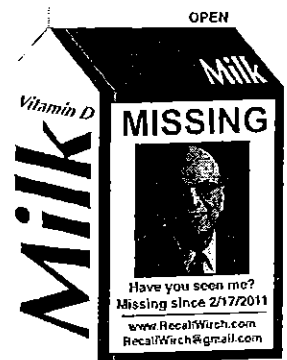
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Dawn McReise</u>	<u>821 198th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3/13/11</u>
2. <u>Mary G. Jarmen</u>	<u>7735 242nd Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/15/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Kathleen M. Becker, certify:

(name of circulator)

I reside at 6603-43rd Ave Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3-15-11

(signature of circulator)

Kathleen M. Becker

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: **Wisconsin Government Accountability Board**

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22<sup>nd</sup> Wisconsin State Senate District**

(jurisdiction or district of officeholder)

petition for the recall of **Robert Wirch - 22<sup>nd</sup> District State Senate of Wisconsin**

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

**Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.**



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Thomas E. Babuski</i>	4819 5th Pl. KENOSHA WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>SOMERS</b>	2/26/11
2. <i>Judy Gotta</i>	7760 - 2nd Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	3/2/11
3. <i>Marion J. Bruggs</i>	3506 Sheridan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha, Wi.</b>	3/4/11
4. <i>Hugh P. Bruggs</i>	3506 Sheridan Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha, Wi.</b>	3/4/11
5. <i>Pat Van Dine</i>	2109-26 St Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha, WI</b>	3/7/11
6. <i>Steven Rusecki</i>	3615 - 88th St E	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha, WI</b>	3/8/11
7. <i>Robert Babuski</i>	4819-5th Place	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Somers</b>	3/8/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, JEANNE SCRUGGS, Certification of Circulator, certify:

(name of circulator)

I reside at 565 - 49th Ave Kenosha, WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/9/11

(signature of circulator)

*Jeanne Scruggs*

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire po.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1262 1/2 Village Center</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <u>K. Wisc</u> <input type="checkbox"/> City	<u>3/8/2011</u>
2. <u>[Signature]</u>	<u>9825 14<sup>th</sup> Place</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <u>K. Wisc</u> <input type="checkbox"/> City	<u>3/13/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, SHERRY SYATEK, certify:

(name of circulator)

I reside at 1621 43<sup>rd</sup> AV KENOSHA WI (SOMERS)

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-13-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Harold E. Schen</u>	<u>2112 47TH AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>3-7-11</u>
2. <u>Carlton Miller</u>	<u>1446 - 94TH AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
3. <u>John Principe</u>	<u>2514 11th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-9-11</u>
4. <u>Benny Hembach</u>	<u>876 Sheridan Rd</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Somers</u> <u>Kenosha</u>	<u>3-9-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

SHERPY STATEK

(name of circulator)

, certify:

I reside at 1621 43<sup>rd</sup> AV KENOSHA WI (SOMERS)

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-9-11  
(date)

Sherpy Statek  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 963

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

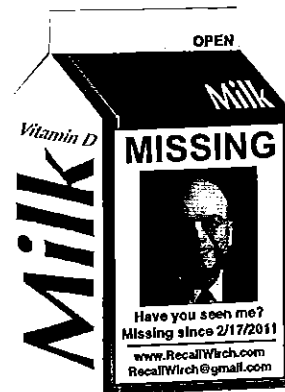
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Thomas Wentzel</u>	<u>7919-34th AV</u> <u>KENOSHA 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/14/11</u>
2. <u>Sandra J. Karnes</u>	<u>2002 76th St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
3. <u>Danette M. Mung</u>	<u>8529 COOPER RD</u> <u>KENOSHA WI.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE, WI</u>	<u>3/14/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, ROBERT LEIPZIG, certify:  
(name of circulator)

I reside at 4707-10th St SOMERS, WI 53171  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-14-11  
(date)

Robert Leipzig  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

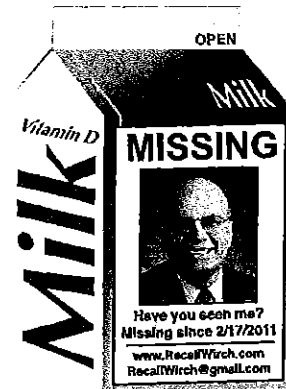
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>James F. Stummur</u>	<u>8208 - 48 Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/14/11</u>
2. <u>Cheryl J. Lopez</u>	<u>8936 - 114 Ave</u> <u>P. Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/14/11</u>
3. <u>Marilyn J. Quirk</u>	<u>11926 - 47<sup>th</sup> Ave</u> <u>P. PRAIRIE WIS</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/14/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, JOHN P. GALDASH JR, certify:  
(name of circulator)

I reside at 6260 S LAKE DR APT 1123 CUPAHY, WZ 43110  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

14 MAR 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

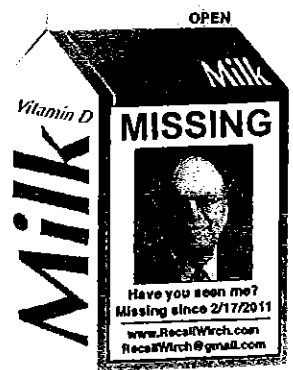
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Cheryl Allen</u>	<u>517 Orchard St</u> <u>Bu</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/2011</u>
2. <u>Michael W. Hardy</u>	<u>5739 LAURENTIDE</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3/12/11</u>
3. <u>Lynn McTearney</u>	<u>5739 Laurentide Rd.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3/12/11</u>
4. <u>Kim Thibault</u>	<u>3538 Canby Rd</u> <u>Elkhorn, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELKHORN</u>	<u>3/12/11</u>
5. <u>Jim Station</u>	<u>3538 Canby Rd</u> <u>Elkhorn, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ELKHORN</u>	<u>3/12/11</u>
6. <u>LARRY LOIS</u>	<u>8406 368 AVE</u> <u>BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WHEATLAND</u>	<u>3/12-11</u>
7. <u>GARY SLAGLE</u>	<u>7516 332ND AVE</u> <u>BURLINGTON, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WHEATLAND</u>	<u>3/12/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Charles Krause

(name of circulator)

, certify:

I reside at 35300 State St. Burlington Wis 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Charles Krause  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

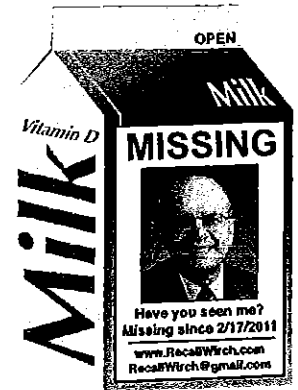
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sharon L. Spicemana</u>	<u>140 Paul St.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>City Burlington</u>	<u>3-12-11</u>
2. <u>Joe Bongartz</u>	<u>532 Wisconsin Ave</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-12-11</u>
3. <u>Jennifer Bongartz</u>	<u>532 Wisconsin Ave</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-12-11</u>
4. <u>T. J. E. Myers</u>	<u>7831 Greendale Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
5. <u>Jenny Sarver</u>	<u>424 Herman St.</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Kerry Dettmann, Kerry Dettmann, certify:

(name of circulator)

I reside at 3409 N. 94 St, Milwaukee, WI 53222

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/12/11

(signature of circulator)

Kerry Dettmann

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

967

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

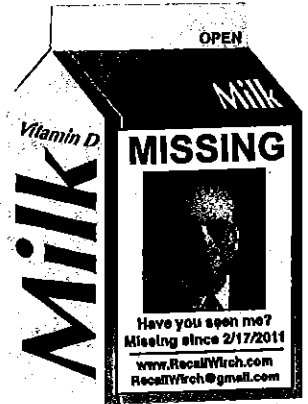
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>24424 Burlington Rd</u> <u>Kanawauville WI 53139</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brighton</u>	<u>3-13-11</u>
2. <u>[Signature]</u>	<u>24915 68th St.</u> <u>Salem WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>3-13-11</u>
3. <u>[Signature]</u>	<u>400 KENDALL ST</u> <u>BURLINGTON WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3-13-11</u>
4. <u>[Signature]</u>	<u>7213 35th Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-14-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Stephen G Wilburn, certify:

(name of circulator)

I reside at 8621 Fieldstone Ct, Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

3-14-2011

(date)

Stephen G Wilburn

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 968

# RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

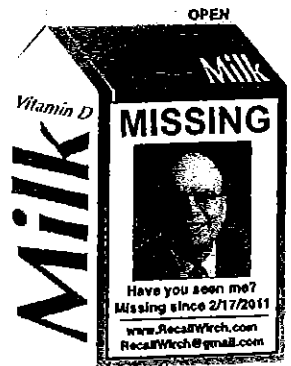
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Lorraine Usher</u>	<u>MT CARMEL</u> <u>NURSING HOME</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>3-12-11</u>
2. <u>D.O. Spurr</u>	<u>8547 272nd AVE</u> <u>SALEM WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-12-11</u>
3. <u>Cynthia Staffeldt</u>	<u>8547 272nd AVE</u> <u>SALEM, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
4. <u>Scott Collison</u>	<u>341 Sunburst Ave</u> <u>Twin Lake WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>3-12-11</u>
5. <u>John A. Gilberg</u>	<u>11130 264th AVE.</u> <u>TREVOR, WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3/12/11</u>
6. <u>PATRICIA HARRIS</u>	<u>11130 264th AVE</u> <u>TREVOR WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-12-11</u>
7. <u>Tina Campbell</u> <u>Tina Campbell</u>	<u>425 PARK AVE</u> <u>BURLINGTON</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3-12-11</u>
8. <u>Bill Sackse</u> <u>Bill Sackse</u>	<u>31121-31 ST.</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
9. <u>Rachel Kofel</u>	<u>TWINLAKES WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/12/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, CHARLES ANDREWS Certification of Circulator

certify:

I reside at 30015 BEACH DR. BURLINGTON, WI 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

Charles Andrews  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

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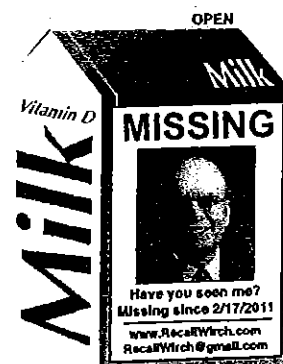
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>549 W. 5<sup>th</sup> St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>12 Mar 11</u>
2. <u>[Signature]</u>	<u>513 W. Chestnut</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>12 March 11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Steven Krumer, certify:

(name of circulator)

I reside at 601 McHenry St Burlington WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>32200 48<sup>th</sup> St</u> <u>Lot 323</u>	<input checked="" type="checkbox"/> Town <u>Wheatland</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/11</u>
2. <u>[Signature]</u>	<u>7129 328<sup>th</sup> Ave</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <u>Wheatland</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/11</u>
3. <u>James A. Winters</u>	<u>4810 352nd Ave</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Wheatland</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/11</u>
4. <u>[Signature]</u>	<u>38300 368<sup>th</sup> Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Whiteland</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/11</u>
5. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Charles Krause **Certification of Circulator**, certify:

(name of circulator)

I reside at 35300 State St. Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

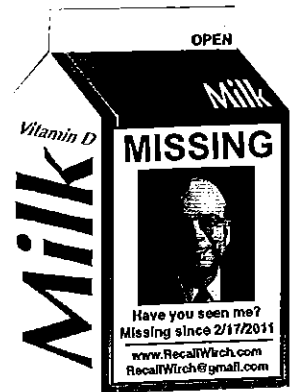
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jerry Madala</u>	<u>6214 63 AVE</u> <u>KENOSHAWI, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>3/15/11</u>
2. <u>Ray D. Jett</u>	<u>8031 - COOPER RD</u> <u>KENOSHAWI, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/15/11</u>
3. <u>Donna Brantano</u>	<u>1451-30TH AVE</u> <u>KENOSHAWI, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
4. <u>Robert A. Laffer</u>	<u>1917</u> <u>KENOSHAWI, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Geri Dougherty **Certification of Circulator** \_\_\_\_\_, certify:

I reside at 9500 81<sup>st</sup> #317 Pleasant Prairie  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03/15/11  
(date)

Geri Dougherty  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

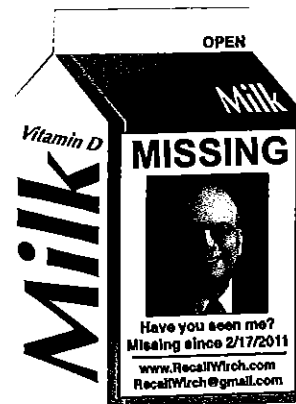
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. FRANK BECKER	5907-38 AVE KENOSHA WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/1/11
2. Danny Kuhn	8910-22 AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/2/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, DONALD A. DIEHL, certify:

(name of circulator)

I reside at 5602 35<sup>TH</sup> AVENUE, KENOSHA, WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-5-11  
(date)

Donald A. Diehl  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 973

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

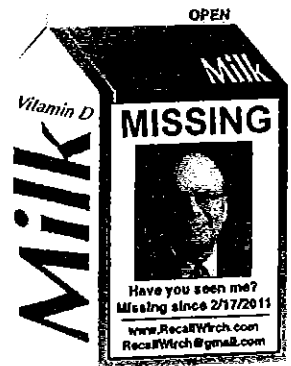
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>James A. Finnelly</u>	<u>356 S. Kendrick Ave</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
2. <u>[Signature]</u>	<u>7729 328<sup>th</sup> Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
3. <u>[Signature]</u>	<u>35100 Chestnut St</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
4. <u>David Menitt</u>	<u>35100 Chestnut St.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
5. <u>[Signature]</u>	<u>322 &amp; 45<sup>th</sup> ST #62</u> <u>BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WHEELAND</u>	<u>3/12/11</u>
6. <u>Marie Everett</u>	<u>1631 W. Mt. Ave. #107</u> <u>Twin Lakes, WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3/12/11</u>
7. <u>[Signature]</u>	<u>28720 Karcher Rd</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
8. <u>Cherie Donato</u>	<u>8117 Schall Rd</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
9. <u>Beth Brooks</u>	<u>216 Randolph St.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
10. <u>[Signature]</u>	<u>101 Fern St.</u> <u>Watkins WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Watkins</u>	<u>3/12/11</u>

## Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State ST. Burlington Wis. 53105.

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Charles Krause  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(Official with whom nomination papers or declaration of candidacy for the office is filed.)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<u>Shirley Barker</u>	<u>343 10th St</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/3/11</u>
<u>Cathy Schuman</u>	<u>8310 Fishman Rd</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/4/11</u>
<u>John Blom</u>	<u>216 Peters Dr</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/4/11</u>
<u>Yvonne Henry</u>	<u>448 Edward St</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/4/11</u>
<u>William Campbell</u>	<u>4525 W. Orion</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-4-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Robert R. Kohout Robert Kohout certify:  
(name of circulator)  
I reside at 30825 Keston Ave Rd Burlington WI 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/6/11  
(date)

Robert R. Kohout  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 975

CSRS-176 (Rev. 4/2007) The information on this form is required by §§. 6.33 and 6.36, Wis. Stats.  
This form is provided by the Government Accountability Board, P.O. Box 2904, Madison, WI 53703-7004.  
608-266-9400, <http://gab.wisconsin.gov>, email: [gab@wisconsin.gov](mailto:gab@wisconsin.gov)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Schwartz	12887 Juniper St. Burlington WI 53105	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	03/12/11
2. George Haubert	357 E Market St. Burlington WI 53105	<input type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-12-11
3. Barb Olinek	8208 Hoosier Cr. Rd. Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	3-12-11
4. Susan Erickson	6145 McHenry St. Burlington WI 53105	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	3-12-11
5. Marilyn Hammes	30405 Lawn Dr. Burlington, WI 53105	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	3-12-11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, FRANKLIN E DAMES, **Certification of Circulator**, certify:

I reside at 324 Kendall St Burlington, WI 53105  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

Franklin E Dames  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 976

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

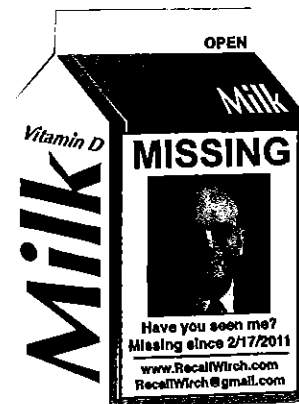
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Markie Griffin</u>	<u>4408 47<sup>th</sup> St,</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
2. <u>Dan Moore</u>	<u>4408 47<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
3. <u>Daniel Wade</u>	<u>6520-43<sup>rd</sup> AVE.</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-3-11</u>
4. <u>Deb Zolper</u> <u>DEB ZOLPER</u>	<u>7120 27<sup>th</sup> Ave.</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-5-11</u>
5. <u>Michael J. J.</u>	<u>7120 27<sup>th</sup> Ave</u> <u>KENOSHA WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/5/11</u>
6. <u>STILLER</u>	<u>6935 70<sup>th</sup> Ct #105</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
7. <u>Coral Callahan</u>	<u>5314-86<sup>th</sup> St</u> <u>Pleasant Pr 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-15-11</u>
8. <u>Jeff Mosciak</u>	<u>6824 54<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-15-11</u>
9. <u>Sharon Mosciak</u>	<u>6824 54<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-15-11</u>
10. <u>Ron Caporaso</u>	<u>6725 152 Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-15-11</u>

## Certification of Circulator

I, Geri Dougherty, certify:

(name of circulator)

I reside at 9500 - 81st #317 Pleasant Prairie

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Geri Dougherty 3/15/11

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

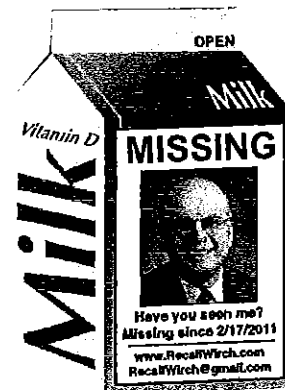
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Mary Louther</u>	<u>1132 Eastbrook Dr.</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3-12-11</u>
2. <u>Robin Wagner</u>	<u>37110 53rd St</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wheatland</u>	
3. <u>DALE H. SCHWET</u>	<u>8511 368th AVE</u> <u>BURLINGTON, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RANDALL TOWNSHIP</u>	<u>3-12-11</u>
4. <u>Kris Theodore</u>	<u>303 264th</u> <u>Kanawville WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brighton</u>	<u>3-12-11</u>
5. <u>MARV FARA</u> <u>Mano Sam</u>	<u>18515 120th St</u> <u>BRISTOL WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BRISTOL</u>	<u>03-12-11</u>
6. <u>Joe Farm</u>	<u>18515-120th St</u> <u>Bristol, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-12-11</u>
7. <u>Mike Olynch</u>	<u>8208 HOOSIER CREEK RD</u> <u>BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>3-12-11</u>
8. <u>Susan Spink</u>	<u>22911 83rd St</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3-12-11</u>
9. <u>NH</u>	<u>813 MAUREN CT</u> <u>TWIN LAKES, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TWIN LAKES</u>	<u>3-12-11</u>
10. <u>A. Paskin</u>	<u>31223 71st STREET</u> <u>SALEM WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-12-11</u>

## Certification of Circulator

I, GERALD BUETTNER, certify:

(name of circulator)

I reside at 16980 TANGLEWOOD DRIVE, BROOKFIELD, WI 53005

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/12/11  
(date)

Gerald Buettner  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

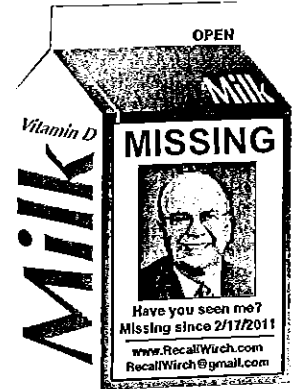
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rose Mary Raggs	361 Indian Bend Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/10/11
2. Robert O'Neill	1501 Oak St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TWIN LAKES	3/12/11
3. Kathy Schaal	1800 McKee Rd. Burlington, WI	<input checked="" type="checkbox"/> Town Dover <input type="checkbox"/> Village Burlington <input type="checkbox"/> City Burlington	3-12-11
4. Monte Damsch	618 Lincoln Drive Twin Lakes WI 53151	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Twin Lakes <input type="checkbox"/> City	3/12/11
5. Lynne A. Zahn	324 N. Main St. Burlington WI 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/12/11
6. Julie W. Wierich	8754 Hilltop Dr Burlington WI	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	3/12/11
7. Jonelle Aldrich	8154 Hilltop Dr Burlington WI	<input checked="" type="checkbox"/> Town Burlington <input type="checkbox"/> Village <input type="checkbox"/> City	3/12/11
8. Delores Spitzer	361 PICKETT CT. BURLINGTON WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/12/11
9. Robert P. Spitzer	361 PICKETT CT. BURLINGTON, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	3/12/11
10. Alex Hernandez	31319 70 <sup>th</sup> Street Salem WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/12/11

## Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State ST. Burlington Wis 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Charles Krause  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

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We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

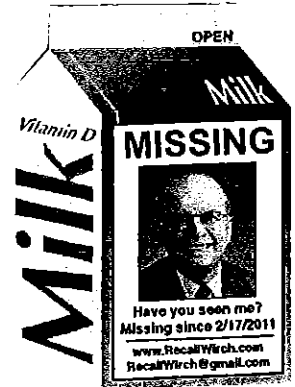
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Alan Hartman</u>	<u>11715-334<sup>th</sup> AVE</u> <u>TWIN LAKES</u>	<input checked="" type="checkbox"/> Town <u>RANDALL</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
2. <u>Cal Schupp</u>	<u>324 Mueller Ave</u> <u>TWIN LAKES WI</u>	<input checked="" type="checkbox"/> Town <u>Xenoghe</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-12-11</u>
3. <u>Tara Fungo</u>	<u>8780 383<sup>rd</sup> Ave</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <u>RANDALL</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3.12.11</u>
4. <u>Robert Fungo</u>	<u>8780 383<sup>rd</sup> Ave</u> <u>Twin Lakes</u>	<input checked="" type="checkbox"/> Town <u>RANDALL</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3.12.11</u>
5. <u>Don Williams</u>	<u>816 Ridgeway Dr.</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
6. <u>Pat</u>	<u>7900 33<sup>rd</sup> Ave</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wheatland</u> <input type="checkbox"/> City	<u>3/12/11</u>
7. <u>Mary King</u>	<u>2036 E. Lakeshore Dr.</u> <u>Twin Lakes, WI</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/12/11</u>
8. <u>Eugenia E. Burton</u>	<u>34715 45<sup>th</sup> Street</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wheatland</u> <input type="checkbox"/> City	<u>3/12/11</u>
9. <u>Amy M. Burton</u>	<u>34715 45<sup>th</sup> Street</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Wheatland</u> <input type="checkbox"/> City	<u>3/12/11</u>
10. <u>Wm M. Rasmussen</u>	<u>1849 Sandole CT</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>

## Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State ST. Burlington Wis 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Charles Krause  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

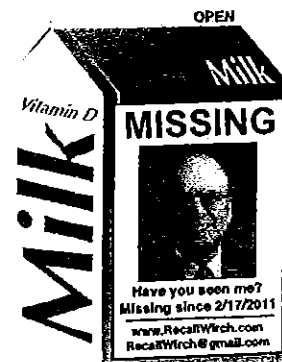
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Diane Wagner</u>	<u>PO BOX 263 11316 308<sup>th</sup> Ave</u> <u>WILMOT WI 53192</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>03-12-11</u>
2. <u>Robert Wirch</u>	<u>PO Box 263 11316 308<sup>th</sup> Ave</u> <u>WILMOT 53192</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>03/12/11</u>
3. <u>[Signature]</u>	<u>731 Oak St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3-12-11</u>
4. <u>[Signature]</u>	<u>431 Dale Dr</u> <u>B</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
5. <u>Candace Carr</u>	<u>6724 Horseshoe Trl</u> <u>Burlington</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/12/11</u>
6. <u>William Zwack</u>	<u>7001 32<sup>nd</sup> Ave</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wheatland</u>	<u>3/12/11</u>
7. <u>[Signature]</u>	<u>2815 24<sup>th</sup> St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
8. <u>Bart Miller</u>	<u>267 S. P. Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
9. <u>Mark Carr</u>	<u>6724 Horseshoe Trl</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>
10. <u>Kari Jensen</u>	<u>31720 Karcher Road</u> <u>Burlington, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>

I, Charles Krause, certify:

I reside at 35300 State St Burlington Wis 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11  
(date)

Charles Krause  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

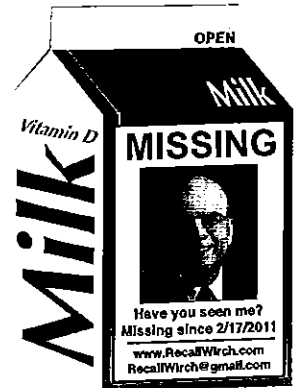
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jamie Swanson</u>	<u>35212 Ridge Rd.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/8/11</u>
2. <u>Carol Ayler</u>	<u>35217 Ridge Rd</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/8/11</u>
3. <u>Debbi Cluff</u>	<u>725 Oak St</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/8/11</u>
4. <u>Jeff Bishop</u>	<u>732 Oak St.</u> <u>BURLINGTON WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3/8/11</u>
5. <u>Ernie P.</u>	<u>297 S. Lincoln Court</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/11/11</u>
6. <u>K. Nguyen</u>	<u>264 Shumandah Ct</u> <u>Burlington 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/11/11</u>
7. <u>Paul Wang</u>	<u>264 Shumandah Ct</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/11/11</u>
8. <u>Jenny Fellers</u>	<u>288 Shumandah Ct.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-11-11</u>
9. <u>Shane Hy</u>	<u>4701 Mormon Row</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-11-11</u>
10. <u>Samuel LaBrace</u>	<u>205 Frost St</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-12-11</u>

## Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State St. Burlington Wis. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-12-11

(date)

Charles Krause

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

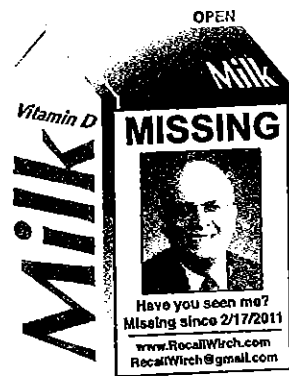
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>352 CLEVELAND ST</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/2/11</u>
2. <u>[Signature]</u>	<u>1514 Linden St</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/2/11</u>
3. <u>[Signature]</u>	<u>440 S. ELMWOOD AVE</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/3/11</u>
4. <u>[Signature]</u>	<u>3925 White Oak Dr</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-4-11</u>
5. <u>[Signature]</u>	<u>2931 Cedar Dr</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-5-11</u>
6. <u>[Signature]</u>	<u>31017 Bushnell Rd</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-5-11</u>
7. <u>[Signature]</u>	<u>7940 GREENDALE AVE</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3/11/11</u>
8. <u>[Signature]</u>	<u>524 WALNUT ST</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3/11/11</u>
9. <u>[Signature]</u>	<u>232 W Chestnut</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/11/11</u>
10. <u>[Signature]</u>	<u>232 S Main St</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/11/11</u>

## Certification of Circulator

I, Thomas R. Vor, certify:

(name of circulator)

I reside at 124 Kings Ct Burlington

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/12/11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 983

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

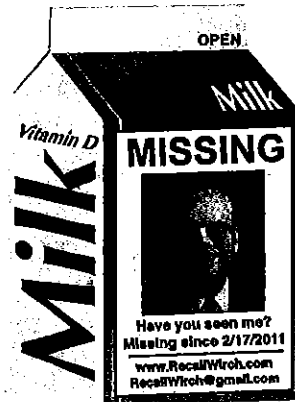
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Colin Wilburn</u>	<u>8621 Fieldstone CT</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/5/11</u>
2. <u>Judith Maguire</u>	<u>232 BRIDGE ST, APT. 214</u> <u>BURLINGTON, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>3/12/11</u>
3. <u>Mark Peterson</u>	<u>34204 BASSETT RD</u> <u>BURLINGTON, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>3/12/11</u>
4. <u>Barb Kellerman</u>	<u>34204 Bassett Rd.</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>3/12/11</u>
5. <u>Rita Kuder</u>	<u>232 Bridge St #434</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>3/13/11</u>
6. <u>Barbara Kellerman</u>	<u>1001 So Pine St.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>3/13/11</u>
7. <u>Paul Kotto</u>	<u>2914 264TH AVE</u> <u>SALEM, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brighton</u>	<u>3/13/11</u>
8. <u>John Henry</u>	<u>817 Briody St.</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/13/11</u>
9. <u>Carol Wagon</u>	<u>8405 Cedar Hill</u> <u>Burlington 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>3/13/11</u>
10. <u>Michael H.</u>	<u>34126 Ketterhagen Rd</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>"</u>	<u>3/13/11</u>

## Certification of Circulator

I, Stephen G Wilburn, certify:  
(name of circulator)

I reside at 8621 Fieldstone Ct, Burlington, WI 53105  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/13/2011  
(date)

Stephen G Wilburn  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

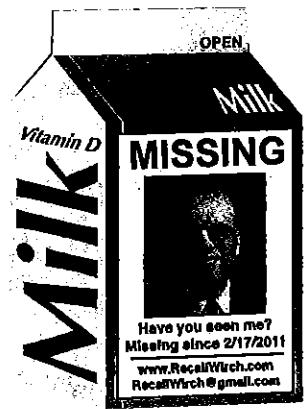
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jeffrey Zorkner</u>	<u>35700 Webb Pl</u> <u>Surv Lakes WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u>	<u>3-13-11</u>
2. <u>Cynthia M. Mott</u>	<u>32851 Bonner Dr.</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-13-11</u>
3. <u>Don Mautz</u>	<u>32851 Bonner Dr.</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-13-11</u>
4. <u>Neil Reiboldt</u>	<u>8017 336TH AVE</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WHEATLAND</u>	<u>3/13/11</u>
5. <u>Cindy Reiboldt</u>	<u>8017 336TH AVE</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>wheatland</u>	<u>3/13/11</u>
6. <u>Jim Braker</u>	<u>411 Amanda St</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/13/11</u>
7. <u>GT - 7th</u>	<u>29625-75th St</u> <u>Salem WI 53160</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/13/11</u>
8. <u>Julie Bartlett</u>	<u>38001 88th St</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3/13/11</u>
9. <u>Stan Czahor</u>	<u>33110 Green St.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>3/13/11</u>
10. <u>Barbara Czahor</u>	<u>33110 Green St.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURLINGTON</u>	<u>3/13/11</u>

## Certification of Circulator

I, Stephen G Wilburn Stephen G Wilburn, certify:

(name of circulator)

I reside at 8621 Fieldstone Ct, Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/13/2011  
(date)

Stephen G Wilburn  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 985

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1502 117<sup>th</sup> Street</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>3/15/2011</u>
2. <u>[Signature]</u>	<u>2902 35<sup>th</sup> St.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3/15/2011</u>
3. <u>[Signature]</u>	<u>11701 - 26<sup>th</sup> AVE</u> <u>Pleasant Pr. 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant</u> <input type="checkbox"/> City <u>Prairie</u>	<u>3/15/11</u>
4. <u>[Signature]</u>	<u>9019 29<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant</u> <input type="checkbox"/> City <u>Prairie</u>	<u>3-15-11</u>
5. <u>[Signature]</u>	<u>8040 - 32<sup>nd</sup> AVE</u> <u>KENOSHA WIS. 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3-15-11</u>
6. <u>[Signature]</u>	<u>1209 - 52<sup>nd</sup> AVE</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somers</u> <input type="checkbox"/> City	<u>3-15-11</u>
7. <u>[Signature]</u>	<u>6420 94<sup>th</sup> Ct.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-15-11</u>
8. <u>[Signature]</u>	<u>9225 62<sup>nd</sup> St.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-15-11</u>
9. <u>[Signature]</u>	<u>10811 88<sup>th</sup> Street</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant</u> <input type="checkbox"/> City <u>Prairie</u>	<u>3-15-11</u>
10. <u>[Signature]</u>	<u>7545 - 18<sup>th</sup> AVE</u> <u>KENOSHA WI 53143</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>KENOSHA</u> <input type="checkbox"/> City	<u>3/15/11</u>

## Certification of Circulator

I, Jeff Lauer, certify:  
(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/15/2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Joe Forsythe</u>	<u>7623 39<sup>th</sup> Ave.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/19/11</u>
2. <u>Linda Borders</u>	<u>921 75<sup>th</sup> St</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-14-11</u>
3. <u>Marianna Routh</u>	<u>3231 108<sup>th</sup> Pl</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/14/11</u>
4. <u>David Kurzban</u>	<u>999 WOOD RD #205</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somerset</u> <input type="checkbox"/> City	<u>3/14/11</u>
5. <u>by person</u>	<u>10536 22<sup>nd</sup> Ave</u> <u>Pleasant Prairie Wis.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/14/11</u>
6. <u>W. Lita</u>	<u>3982 122<sup>nd</sup> S</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/15/11</u>
7. <u>Barbara Miller</u>	<u>7801 88<sup>th</sup> Ave #225</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/15-11</u>
8. <u>Mary H. Steiner</u>	<u>7801 88<sup>th</sup> Ave #306</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/15/11</u>
9. <u>Sten Oulmes</u>	<u>2102 116<sup>th</sup> St.</u> <u>Pleasant Prairie WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/15/11</u>
10. <u>JA</u>	<u>8254 5<sup>th</sup> Ave</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3/15/11</u>

## Certification of Circulator

I, Deborah A. Prije, certify:  
(name of circulator)  
I reside at 4816 84<sup>th</sup> St. Kenosha, WI 53142 Pl. Prairie  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 15, 2011  
(date)

Deborah A. Prije  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.  
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984  
608-266-8005, <http://gab.wi.gov>, email: [gab@wi.gov](mailto:gab@wi.gov)

Page No. 987

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

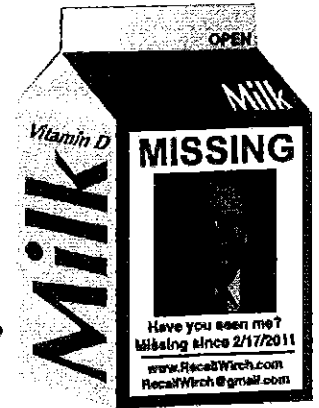
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Randall L. Elmer</u>	<u>8304 64<sup>th</sup> STREET</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
2. <u>Dennis E. Massie</u>	<u>4015 12<sup>th</sup> ST.</u> <u>Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SOMERS</u>	<u>3/13/11</u>
3. <u>Margie Massie</u>	<u>4015-12 ST</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/13/11</u>
4. <u>Thomas L. Campbell</u>	<u>6331 86th Ave.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
5. <u>Kathleen H. Campbell</u>	<u>6331 86th Ave</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
6. <u>Rob M. Servey</u>	<u>831 88th Ave</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/13/11</u>
7. <u>James Walker Jr</u>	<u>7801 88th Ave Lot 228</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/13/11</u>
8. <u>Dan RA</u>	<u>9702 84th Place</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/13/11</u>
9. <u>Tom B.</u>	<u>9903 70th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
10. <u>Rich McParson</u>	<u>7120 236th Ave</u> <u>Paddock Lake WI 53166</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Paddock Lake</u>	<u>3/13/11</u>

## Certification of Circulator

I, Jeff Lauer, certify:

(name of circulator)

I reside at 8770 83rd Place Pleasant Prairie, WI 53158

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

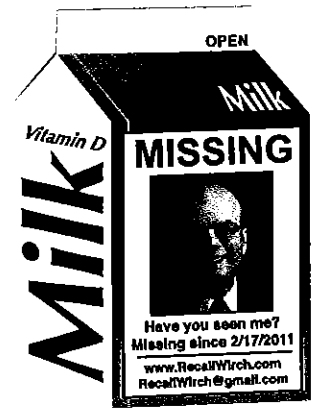
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol Kovacovich	4611 - 64 Ave. Kenosha, WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Somers	3/3/11
2. Bruce Schmucke	11056 - 40 <sup>th</sup> Ave. Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3/4/11
3. Eric McTrotel	5702 54 <sup>th</sup> Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/11
4. Bonnie Emerson	5707 54 <sup>th</sup> Ave Kenosha 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-13-11
5. Laurie O'Hara	8320 - 82 St Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	3-13-11
6. Gary Covington	WI 53158 5523 54 <sup>th</sup> Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	3-13-11
7. John Wirt	5319 55 St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-13-11
8. Sally Ketterson	5317 55 St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-13-11
9. William Neubauer	5408 54 <sup>th</sup> Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-13-11
10. Kathleen Watkins	5703 - 54 Ave Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-13-11

## Certification of Circulator

I, BARBARA L. MORRISSEY, certify:  
(name of circulator)

I reside at 5602 54<sup>th</sup> Avenue Kenosha WI 53144  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/13/11  
(date)

Barbara L. Morrissey  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 989

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

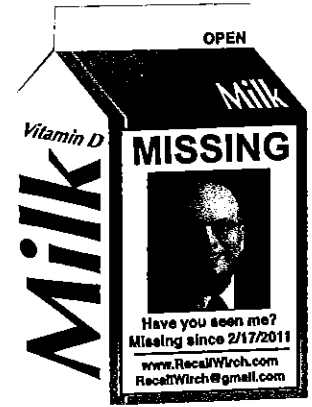
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>6219 82<sup>nd</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/8/11</u>
2. <u>[Signature]</u>	<u>6418 114<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/8/11</u>
3. <u>[Signature]</u>	<u>8937-26<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/08/11</u>
4. <u>[Signature]</u>	<u>4625-4<sup>th</sup> Street</u> <u>Kenosha, WI, 53144</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-10-11</u>
5. <u>[Signature]</u>	<u>1709 35<sup>th</sup> St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>
6. <u>[Signature]</u>	<u>9050 26<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-14-11</u>
7. <u>[Signature]</u>	<u>76014-22<sup>nd</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>
8. <u>[Signature]</u>	<u>4585-10<sup>th</sup> St</u> <u>Pleasant Pr. WI 53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Pr.</u>	<u>3-14-11</u>
9. <u>[Signature]</u>	<u>23800 223<sup>rd</sup> Bristol</u> <u>53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brigto</u>	<u>3-14-11</u>
10. <u>[Signature]</u>	<u>6915 64<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-14-11</u>

## Certification of Circulator

I, Jacqueline F Leppig - Jacqueline F Leppig, certify:  
(name of circulator)  
I reside at 8707-10<sup>th</sup> P-63 - Somers 53171  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 3-14-11

Jacqueline F Leppig  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 990

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

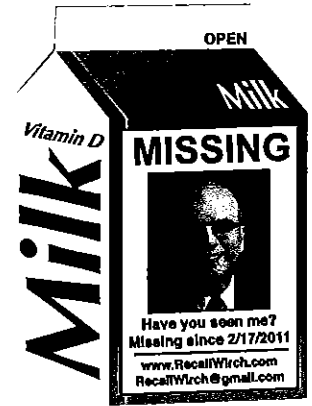
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Judith E. Heald</u>	<u>9002 Sheridan Rd</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
2. <u>Robert W. Rasmussen</u>	<u>6513 43<sup>rd</sup> Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
3. <u>Robert W. Rasmussen Jr</u>	<u>6443 - 43 Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
4. <u>Maisha Rasmussen</u>	<u>6543 - 43<sup>rd</sup> Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-11</u>
5. <u>Cassandra Rasmussen</u>	<u>6543 - 43 Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
6. <u>Nancy Burbridge</u>	<u>8850-39 Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
7. <u>Stephanie Ritter</u>	<u>6328-73 St. #205</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/28/11</u>
8. <u>Cheryl Fink</u>	<u>8526 221st Ave</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/1/11</u>
9. <u>Beth Asternhagen</u>	<u>8620 30<sup>th</sup> Ave. Unit 104</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
10. <u>Rachel Eld</u>	<u>7439 22<sup>nd</sup> Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>

## Certification of Circulator

I, Kathleen M. Becker, certify:

I reside at 6603-43rd Avenue, Kenosha  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-07-11  
(date)

Kathleen M. Becker  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 991

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

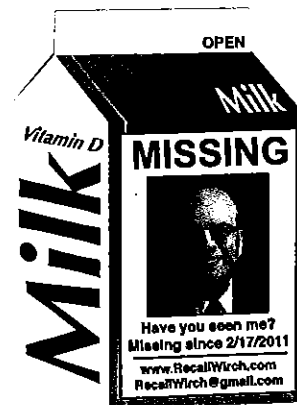
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>19800 80th St.</u> <u>Bristol WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3/2/11</u>
2. <u>Grace D. Ampe</u>	<u>806 7th St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
3. <u>Suzanne Zimmerman</u>	<u>11649 216th Ave</u> <u>Bristol, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-2-11</u>
4. <u>Jean Avery</u>	<u>1723 26th St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
5. <u>Casoleys Vander Veld</u>	<u>5500-56 Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
6. <u>[Signature]</u>	<u>5500 56 Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
7. <u>[Signature]</u>	<u>6905 67th St. #108</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
8. <u>[Signature]</u>	<u>1723 26th St</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
9. <u>Daniel C. Pangel</u>	<u>7616 - 17th Av</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>
10. <u>Jan McDougall</u>	<u>6516 - 43rd Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/2/11</u>

## Certification of Circulator

I, Kathleen M. Becker, certify:  
(name of circulator)

I reside at 6603-43rd Avenue, Kenosha  
(circulator's residence - include number, street, and municipality)

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3-07-11  
(date)

Kathleen M. Becker  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1803 33<sup>rd</sup> St.</u> <u>KENOSHA, WI. 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-8-11</u>
2. <u>[Signature]</u>	<u>2103 33<sup>rd</sup> St.</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-8-11</u>
3. <u>[Signature]</u>	<u>7615 38<sup>th</sup> AVE.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/9/11</u>
4. <u>[Signature]</u>	<u>7615 38<sup>th</sup> AVE</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/10/11</u>
5. <u>[Signature]</u>	<u>6817 69<sup>th</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/11/11</u>
6. <u>[Signature]</u>	<u>11745 LAKE SHORE DR.</u> <u>PL. PRAIRIE WI. 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3/13/11</u>
7. <u>[Signature]</u>	<u>7322 7<sup>th</sup> Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
8. <u>[Signature]</u>	<u>7322 7<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
9. <u>[Signature]</u>	<u>5517-44<sup>th</sup> AVE</u> <u>KENOSHA, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-13-11</u>
10. <u>[Signature]</u>	<u>5517-44<sup>th</sup> Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-13-11</u>

## Certification of Circulator

I, Kelly Stinefast, certify:

(name of circulator)

I reside at 7615 38<sup>th</sup> Ave Kenosha WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/13/11

(signature of circulator)

Kelly Stinefast

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.  
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984  
608-266-8005, <http://gab.wi.gov>, email: [gab@wi.gov](mailto:gab@wi.gov)

P.O. Box 26 • Silver Lake, WI 53170

[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

Page No. 993

# RECALL PETITION

TO: Wisconsin Government Accountability Board  
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Tom Ploew</u>	<u>8940 Sheridan Rd #10</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/1/2011</u>
2. <u>Marjorie K...</u>	<u>6715-31 Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/1/2011</u>
3. <u>John S. S...</u>	<u>8934 33<sup>rd</sup> AVE</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/1/11</u>
4. <u>K. M. W...</u>	<u>6532 7th AVE.</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/4/11</u>
5. <u>M...</u>	<u>1266 30th St.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/4/11</u>
6. <u>Linda R...</u>	<u>11801-45th Ave</u> <u>Pl. Prairie</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pl. Prairie</u>	<u>3/6/11</u>
7. <u>[Signature]</u>	<u>737 2nd Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/8/11</u>
8. <u>[Signature]</u>	<u>6210-6f</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/9/11</u>
9. <u>Cynthia L. S...</u>	<u>7546 27th Ave.</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
10. <u>Steve Cook</u>	<u>7546-27 Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>

## Certification of Circulator

I, EUGENE HAINAULT, certify:

I reside at 8040 48th AVE KENOSHA, WI 53142  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/14/11  
(date)

Eugene Hainault  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirth 22<sup>nd</sup> District State Senate of Wisconsin

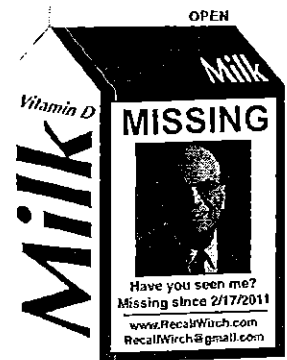
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kyle R. Brouwer</u>	<u>8119 40th Ave Unit H</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
2. <u>Lyne</u>	<u>6338 PERSHING BLVD</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
3. <u>Robert W. Wirth</u>	<u>8701 245th Ave</u> <u>SALEM 5368</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3/13/11</u>
4. <u>Kendall A. Leach</u>	<u>7913 1st Ave.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
5. <u>Ronald W. Spier</u>	<u>4315 20th Place</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
6. <u>David Rutkowski</u>	<u>1722 27th St.</u> <u>David Rutkowski</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/13/11</u>
7. <u>Sam Reinhardt</u>	<u>4416 109th St</u> <u>PLEASANT PRAIRIE,</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/13/11</u>
8. <u>Phil Reinhardt</u>	<u>7554-29th Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
9. <u>David Peterson</u>	<u>7554-29th Ave</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
10. <u>Phil Mann</u>	<u>7738 27th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>

## Certification of Circulator

I, Riley Fulmer, certify:

(name of circulator)

I reside at 9163-42nd Ct. Kenosha, WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-13-11  
(date)

Riley Fulmer  
(signature of circulator)

Please mail this form to:

Recall Wirth

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, <http://gab.wi.gov>, email: [gab@wi.gov](mailto:gab@wi.gov)

P.O. Box 26 • Silver Lake, WI 53170

[www.RecallWirth.com](http://www.RecallWirth.com) • [RecallWirth@gmail.com](mailto:RecallWirth@gmail.com)

Page No.

995

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Patricia Hubbard</u>	<u>1267-40 AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/15/11</u>
2. <u>Nancy Hubbard</u>	<u>1267-40th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/15/11</u>
3. <u>Bonnie Whelan</u>	<u>6464-110<sup>th</sup> ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PL. PR</u>	<u>3-15-11</u>
4. <u>William D Nedd Jr</u>	<u>8534 20<sup>th</sup> AVENUE</u> <u>KENOSHA, WI.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/15/11</u>
5. <u>William D Nedd</u>	<u>8534 20th Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
6. <u>Ray Matthews</u>	<u>7848 16th Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
7. <u>Ray</u>	<u>84908 72<sup>nd</sup> ST</u> <u>SALEM, WI.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PADDOCK LAKE</u>	<u>3/15/11</u>
8. <u>Patricia A Whyte</u>	<u>7921-40 AVE</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
9. <u>Daniel Young</u>	<u>6040 33rd Ave.</u> <u>Kenosha</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/15/11</u>
10. <u>Marilyn McKenna</u>	<u>4645-81 ST Apt 234</u> <u>PLEASANT PRAIRIE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3/15/11</u>

## Certification of Circulator

I, Geri Dougherty, certify:

(name of circulator)

I reside at 9500-81st #317 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03/15/11  
(date)

Geri Dougherty  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Dr. Wirch</u>	<u>7510 W. 30th St.</u>	<input checked="" type="checkbox"/> Town <u>Park Ridge</u>	<u>3-10-11</u>
2. <u>Laura L. Prasecki</u>	<u>8511 Fishman Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u>	<u>3-10-11</u>
3. <u>John M. Boh</u>	<u>273 Gardner Ave</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u>	<u>3-11-11</u>
4. <u>Manda M. Barbour</u>	<u>8750 Sheridan Rd #18</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>3-11-11</u>
5. <u>Melissa Sambak</u>	<u>11334 271st Ave</u>	<input checked="" type="checkbox"/> Town <u>Salem</u>	<u>3-11-11</u>
6. <u>Shirley B.</u>	<u>1464 Devon Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u>	<u>3-11-11</u>
7. <u>Paula Haken</u>	<u>133 Davidson Dr</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u>	<u>3-11-11</u>
8. <u>Donna L.</u>	<u>140 Lewis St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u>	<u>3-11-11</u>
9. <u>Sherie Mielke</u>	<u>809 Maureen Ct</u>	<input checked="" type="checkbox"/> Town <u>Twin Lakes</u>	<u>3-11-11</u>
10. <u>Mike Auf</u>	<u>TWIN LAKES WI</u>	<input checked="" type="checkbox"/> Town <u>TWIN LAKES</u>	<u>3-11-11</u>

I, Bonnie J. Ketterhagen, certify:  
(name of circulator)  
I reside at 2000 Crossway Rd. Burlington, WI 53105  
(circulator's residence - include number, street, and municipality)  
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.  
(date) 3-11-11 (signature of circulator) Bonnie J. Ketterhagen

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Zoe Borders</u>	<u>5601 Springbrook Rd</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/9/11</u>
2. <u>SN Borders</u>	<u>5601 Springbrook Rd</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/9/11</u>
3. <u>Angela Palmer</u>	<u>7806 55th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/11/11</u>
4. <u>Shirley Amore</u>	<u>8005 60th Ave #1</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
5. <u>Linda Burns</u>	<u>6006 - 107th St</u> <u>PL PRAIRIE, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-11-11</u>
6. <u>Carl Lawrence</u>	<u>5922 43rd Ave</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-11-11</u>
7. <u>Angela Hanson</u>	<u>5800 - 3rd Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
8. <u>Shirley Martin</u>	<u>6918-62nd Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/11/11</u>
9. <u>Sandra Nelson</u>	<u>6918-62nd Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
10. <u>Kerin Pints</u>	<u>5714 66th St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>

## Certification of Circulator

I, Deborah A. Prije, certify:  
(name of circulator)

I reside at 4816 84th St, Kenosha, WI 53142 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03/11/11  
(date)

Deborah A. Prije  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

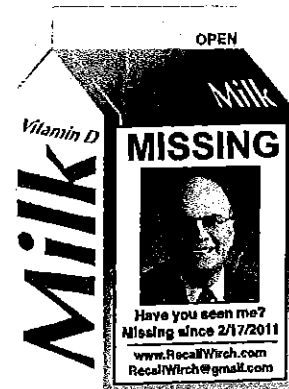
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	6511 90th Court Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
2. <i>Laura Bogner</i>	10121 64th ST Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
3. <i>[Signature]</i>	7109 93rd AVE Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
4. <i>Debra L. Kunkur</i>	6813 93rd Ct Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
5. <i>Tiffany Hopper</i>	6707 93rd Ave Ct. Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
6. <i>Dan Mamo, yan</i>	9431 68th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
7. <i>Dorel S. Hamby</i>	9414 67th St. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
8. <i>Anne Hamby</i>	9414 67th Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
9. <i>Rupinder</i>	9501 70th St, Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
10. <i>Willa Van</i>	9432 20th St Kenosha Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11

1. JOHN H. PRITIC Certification of Circulator

, certify:

I reside at 4816 - 84th Street, Kenosha, WI 53142 Pleasant Prairie  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 12, 2011  
(date)

John H. Pritic  
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 999

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>L.A.S. Psk</u>	<u>9618 71<sup>st</sup> Street</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3.13.11</u>
2. <u>Randall Smith</u>	<u>7018 57<sup>th</sup> Ave #201</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>13 March 11</u>
3. <u>Bill W. Lane</u>	<u>7320 97<sup>th</sup> Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
4. <u>Crista Balogh</u>	<u>9801 64<sup>th</sup> St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
5. <u>Ashley Mason</u>	<u>4727 84<sup>th</sup> St</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/14/11</u>
6. <u>Don Stank</u>	<u>5203 62<sup>nd</sup> St</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>
7. <u>Debara Peterson</u>	<u>5203 62<sup>nd</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>
8. <u>Ammy Maudlin</u>	<u>7942 32<sup>nd</sup> Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>
9. <u>De Lysil</u>	<u>8929 24<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>
10. <u>Vernon Jensen</u>	<u>4501 89<sup>th</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-14-11</u>

I, Deborah A. Priebe, certify:  
(name of circulator)  
I reside at 4816 84<sup>th</sup> St. Kenosha, WI 53142 D. Lane  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 14, 2011  
(date)

Deborah A. Priebe  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

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